



# *Department of Defense HIV/AIDS Prevention Program, Annual Report 2012*

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# Department of Defense HIV/AIDS Prevention Program [DHAPP]

## 2012 ANNUAL REPORT

*Reducing the incidence of HIV/AIDS among  
uniformed personnel across the globe*





Department of Defense  
HIV/AIDS  
Prevention Program

Annual Report | 2012









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# Acronyms and Abbreviations

AIDS – acquired immunodeficiency syndrome  
ART – antiretroviral therapy  
ARV – antiretroviral  
ARVs – antiretroviral drugs  
BCC – behavior change communication  
CDC – US Centers for Disease Control and Prevention  
COE – Center of Excellence in Disaster Management and Humanitarian Assistance  
COP – Country Operational Plan  
COPRECOS – Committee on the Prevention and Control of the HIV/AIDS in the  
Armed Forces and National Police  
DAO – US Defense Attaché Office  
DHAPP – US Department of Defense HIV/AIDS Prevention Program  
DoD – US Department of Defense  
FHI 360 – Family Health International  
FY – fiscal year  
FY12 – fiscal year 2012 (covers period of 1 Oct 2011 to 30 Sep 2012)  
GDP – gross domestic product  
HIV – human immunodeficiency virus  
HTC – HIV testing and counseling  
IDI – Infectious Diseases Institute (on the campus of Makerere University, Kampala,  
Uganda)  
IMF – International Monetary Fund  
IMI/HAC – *International Military HIV/AIDS Conference*  
KAP – knowledge, attitudes, and practices survey  
MIHTP – *Military International HIV/AIDS Training Program*  
MLO – US Military Liaison Office  
MOD – Ministry of Defense  
MOH – Ministry of Health  
NAMRU – US Naval Medical Research Unit  
NATO – North Atlantic Treaty Organization  
NGO – nongovernmental organization  
OCONUS – Outside the Continental United States  
ODC – US Office of Defense Cooperation  
OGAC – US Office of the Global AIDS Coordinator



OI – opportunistic infection  
OSC – US Office of Security Cooperation  
OVC – orphans and vulnerable children  
PASMO – Pan-American Social Marketing Organization (PSI affiliate in Central America)  
**PEPFAR – The US President’s Emergency Plan for AIDS Relief**  
PKO – peacekeeping operation  
PLHIV – people living with HIV/AIDS  
PMTCT – prevention of mother-to-child transmission  
PSI – Population Services International  
PwP – Prevention with Positives  
SABERS – HIV Seroprevalence and Behavioral Epidemiology Risk Survey  
STD – sexually transmitted disease  
STI – sexually transmitted infection  
TB – tuberculosis  
TRaC survey – Tracking Results Continuously survey  
UN – United Nations  
UNAIDS – Joint United Nations Programme on HIV/AIDS  
UNFPA – United Nations Population Fund  
US – United States  
USAFRICOM – US Africa Command  
USAID – US Agency for International Development  
USCENTCOM – US Central Command  
USEUCOM – US European Command  
USG – US Government  
USMHRP – US Military HIV Research Program  
USPACOM – US Pacific Command  
USSOUTHCOM – US Southern Command  
VMC – voluntary medical male circumcision  
WRAIR – Walter Reed Army Institute of Research  
WHO – World Health Organization  
WHO/AFRO – World Health Organization Regional Office for Africa





# Executive Summary

Colleagues,

This 2012 Annual DoD HIV/AIDS Prevention Program Report represents a continued escalation of HIV/AIDS prevention, care, and treatment support to the countries that need it most. There are many examples of successful partnerships between US Government (USG) agencies, partner militaries, nongovernmental organizations (NGOs), universities, community-based organizations, faith-based organizations, and civilian society. Inside this report are the results of the work of thousands of dedicated military and civilian personnel from around the world who are working tirelessly to fight the HIV/AIDS epidemic occurring among military personnel, their families, and civilian communities surrounding military bases. This report also documents the role of **the US DoD in the US President's Emergency Plan for AIDS Relief (PEPFAR), the largest international health initiative dedicated to a single disease in USG history. Through PEPFAR and DoD resources, the DoD provides the world's largest source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm and devastation that HIV inflicts on the health and readiness of the world's military populations.**

One of the activities I am most proud of from this past year was the 2012 International Military HIV/AIDS Conference: *Re-Energizing HIV Campaigns* (IMiHAC) co-hosted by the Forças Armadas de Defesa de Moçambique, held in Maputo, Mozambique, last May. The conference was attended by 417 participants and represented one of the most inclusive international military gatherings of the year with representatives from 75 militaries, 21 NGOs, the Office of the US Global AIDS Coordinator, every US DoD Combatant Command, and numerous USG agencies and multilateral organizations, including the Global Task Force on HIV Among Uniformed Services and the United Nation's Department of Peacekeeping Operations. The conference objectives were to (1) highlight the role of leadership in successful military HIV/AIDS programs; (2) emphasize the best military health system practices in HIV prevention, care, treatment, and strategic information; (3) facilitate military-to-military technical assistance, networking, and partnerships; and (4) consolidate advances in military medical HIV programs to support an agile, effective, and sustainable response to the epidemic. Results from the evaluation of the 2012 IMiHAC



indicate that the conference was a huge success and equipped attendees with the tools to re-energize and encourage greater sustainability for their military HIV programs.

DHAPP, headquartered at the Naval Health Research Center in San Diego, California, currently supports military HIV prevention, care, and treatment activities in 66 countries where programs impact 4.8 million military members and at least as many dependent family members. We continue to see growing evidence that this support is also reaching many civilian communities that surround military bases and depend on these bases for health care services. The entire health care systems of many militaries around the world have benefited from the health education, health worker training, laboratory capacity building, facilities construction, surveillance tools, clinical treatment, and testing services provided through the collective efforts of everyone involved in reaching military populations with HIV services.

During the period from October 2011 to September 2012, 3,377 health care workers were trained to provide HIV clinical services, and 115,501 HIV-positive adults and children received a minimum of one clinical service. To promote early and more effective treatment of HIV-infected persons, and to encourage individuals to take preventive measures against new infections, 473,328 military and family members were counseled and tested for HIV infection and received their test results, and 665,785 military and family members were reached with comprehensive prevention messages. Encouraging sustainability through the development of local capacity and expansion of facilities remains an important priority for our program. During this period, 243 new laboratories were equipped and supported for HIV testing and diagnostics. New services were supported for the prevention of mother-to-child transmission, 48,628 pregnant women knew their HIV status based on testing and counseling services provided to them, and 3,430 HIV-positive pregnant women received antiretroviral drugs to reduce their risk of mother-to-child transmission. This report also documents that 49,402 men were circumcised as part of an HIV prevention program, and 72,520 people living with HIV/AIDS were reached with a minimum package of Prevention with Positives interventions.

Reducing the incidence of gender-based violence (GBV) and addressing gender norms and inequities is essential to reducing HIV risk. PEPFAR has committed to incorporating gender issues in HIV programming and has invested in special gender initiatives to order to expand evidence-based gender programming to all countries. Our partner militaries in Mozambique, Tanzania, and the Democratic Republic of Congo are part of the PEPFAR GBV Response Initiative and have been reporting on pilot GBV indicators. In **FY12, these military GBV programs created women's groups that conduct debates and presentations for both men and women to address GBV in the military, developed a module for peer education training on GBV, and used behavior change communication strategies to engage men and improve negative power dynamics around sexual practices such as condom use and the ability to negotiate sex.**



Thanks to countless dedicated partners in 66 militaries, DHAPP staff, personnel within the offices of the Under Secretary of Defense for Policy and the Assistant Secretary of Defense for Health Affairs, medical personnel from all US Armed Services, personnel from each Unified Combatant Command, the PEPFAR interagency team, members of the US Embassy Country Support Teams, and 64 NGOs and universities, we have made unbelievable progress in this fight. But it is not the time to slow down. We need to keep our eyes on the goal of an AIDS-Free Generation and recognize that we owe it to the individual soldiers, sailors, airmen, marines, and their families to push forward until the battle is won. We should be very proud of the work we all have done!!

Very respectfully,

A handwritten signature in dark ink, appearing to read "R. A. Shaffer". The signature is fluid and cursive, with the first name "Richard" and last name "Shaffer" clearly distinguishable.

Richard A. Shaffer, Ph.D.  
Executive Director



# Introduction



The US Government (USG) has a long history and extensive network of international collaboration and partnerships in the fight against HIV/AIDS, providing funding, technical assistance, and program support, starting with the Leadership and Investment in Fighting an Epidemic (LIFE) Initiative in 1999. These collaborations increase the fundamental understanding of HIV transmission and provide an evaluative basis for prevention and intervention success. The current HIV/AIDS epidemic is devastating and has negatively affected many militaries and other uniformed organizations worldwide by reducing military readiness, limiting deployments, causing physical and emotional decline in infected individuals and their families, posing risks to military personnel and their extended communities, and impeding peacekeeping activities. In response to this threat, the White House urged the US Department of Defense (DoD) to participate in the LIFE Initiative and focus on prevention programming in sub-Saharan Africa. Because of expertise gained from the DoD LIFE Initiative, the US Navy was designated in 2001 as the Executive Agent and the Initiative was renamed the DoD HIV/AIDS Prevention Program (DHAPP). Currently DHAPP is mandated by Directive 6485.02E to support all DoD global HIV prevention programs and is administered through the Naval Health Research Center in San Diego, California.

Over the years, DHAPP has successfully engaged over 80 countries in efforts to combat HIV/AIDS among their respective military services. DHAPP is a USG partner organization collaborating with the US Department of State, the Health Resources and Services Administration, Peace Corps, US Agency for International Development (USAID), and the Centers for Disease Control and Prevention (CDC), in the **President's Emergency Plan for AIDS Relief (PEPFAR)**. DHAPP receives funding for its programs from two sources: a congressional plus-up to the Defense Health Program and funding transfers from the Department of State from PEPFAR. Programs that are supported by DHAPP receive only one form of the previously mentioned funding. Foreign Military Financing (FMF) was previously used by the DoD, however, FMF funding ceased in 2011 and is no longer available. Working closely with the DoD, US Unified Combatant Commanders, Joint United Nations Programme on HIV/AIDS (UNAIDS), university collaborators, and other **nongovernmental organizations (NGOs)**, **DHAPP's goal is to maximize program impact by focusing on the drivers of the epidemic specific to the military, and to**



support the development of interventions and programs that address these issues.

In the Security Cooperation Guidance, the US Secretary of Defense has identified HIV/AIDS in foreign militaries as a national security issue. Pursuing HIV/AIDS activities with foreign militaries is clearly tied to security interests, regional stability, humanitarian concerns, counterterrorism, and peacekeeping efforts due to the impact of HIV/AIDS as a major destabilizing factor in developing societies. DHAPP employs an integrated bilateral and regional strategy for HIV/AIDS cooperation and security assistance. Using country priorities set by the US Under Secretary of Defense for Policy and by the Office of the Global AIDS Coordinator (OGAC), DHAPP implements bilateral and regional strategies in coordination with respective Combatant Commands and PEPFAR Country Support Teams to offer military-to-military HIV/AIDS program assistance. DHAPP supports defense forces in HIV prevention, care, treatment for HIV-infected individuals and their families, and strategic information (SI).

DHAPP highly encourages South-to-South collaboration as well as sharing program successes and challenges. Therefore, DHAPP has been co-hosting the Military International HIV/AIDS Program since 2008. The Botswana Defense Force graciously volunteered to co-host the first conference with DHAPP. In May 2012, the Forças Armadas de Defesa de Moçambique and DHAPP co-hosted in Maputo, Mozambique, the 2012 International Military HIV/AIDS Conference: Re-Energizing HIV Campaigns (IMilHAC), in Maputo, Mozambique. The conference was attended by 417 participants and represented one of the most inclusive international military gatherings of the year, with representatives from 75 militaries, 21 NGOs, OGAC, PEPFAR, DoD Africa, Central, European, and Southern commands, US Embassy Mozambique, Naval Medical Center San Diego, US Department of State, US Office of the Secretary of Defense, US Army Walter Reed Army Institute of Research, UNAIDS, United Nations Population Fund, CDC, Global Task Force on HIV Among Uniformed Services, United Nations Department of Peacekeeping Operations, and USAID. Conference objectives were to (1) highlight the role of leadership in successful military HIV/AIDS programs; (2) emphasize the best military health system practices in HIV prevention, care, treatment, and SI; (3) facilitate military-to-military technical assistance, networking, and partnerships; and (4) consolidate advances in military medical HIV programs to support an agile, effective, and sustainable response to the epidemic. In order to accomplish these objectives, the 4-day conference offered both plenary and concurrent sessions in two tracks: prevention and care/treatment. The conference also included a poster session, interactive workshops, and a site visit to the Maputo Military Hospital. Results from the evaluation of the 2012 IMilHAC indicate that the conference was a huge success and equipped attendees with the tools to re-energize and encourage greater sustainability for their military HIV programs.

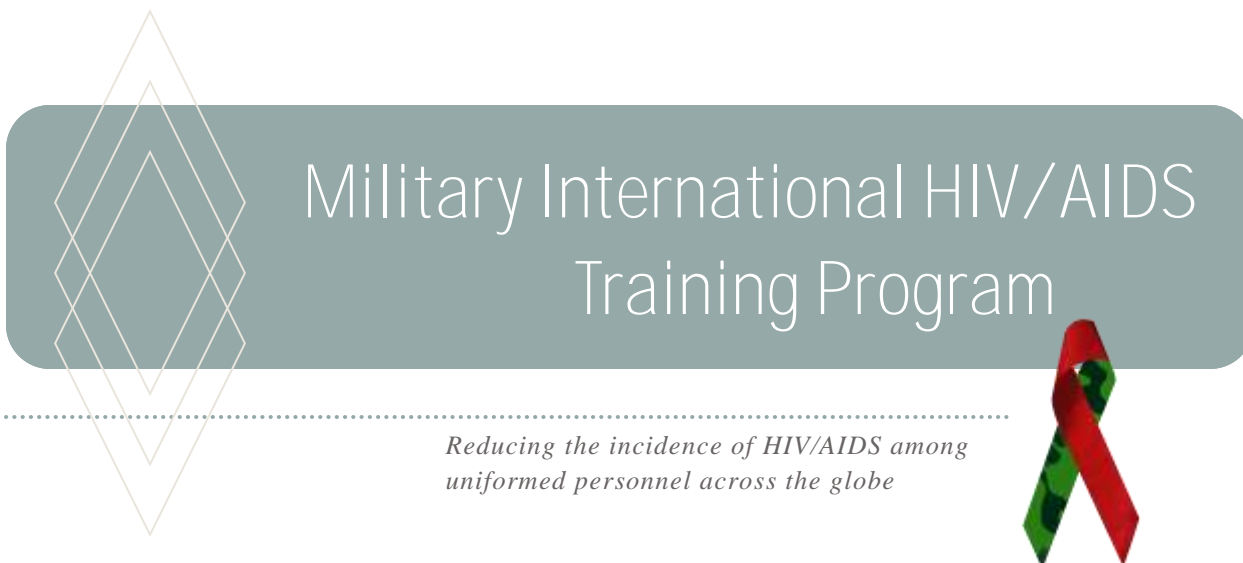
In FY12, DHAPP supported 66 active programs, mainly through direct military-to-military cooperation in addition to support from contracting



external organizations and academic institutions to assist with specific aspects of proposed programs. Partners in FY12 included 31 NGOs and universities working in 47 countries. This report outlines those accomplishments and impacts among the active programs that DHAPP supported in FY12. The program indicators utilized in this report are referred to as Next Generation Indicators (NGIs) and were established for PEPFAR in 2010. NGIs are globally harmonized with other international HIV/AIDS program indicators. DHAPP was actively involved in the development of these indicators and has officially adopted them. From FY11 forward, all programs, regardless of funding source, under DHAPP have reported on the NGIs.







# Military International HIV/AIDS Training Program

*Reducing the incidence of HIV/AIDS among uniformed personnel across the globe*

## BACKGROUND

Clinicians from militaries around the world have had the unique opportunity to visit the United States for 30 days to participate in the *Military International HIV Training Program* (MIHTP) in San Diego, California. Trainees experience in-depth lectures, tour US medical facilities, and take part in rounds and counseling sessions with HIV patients. Trainees are exposed to the most up-to-date advances in HIV prevention and care, specifically ART, treatment of OIs, and epidemiology. MIHTP, which is administered several times per year, involves intense study, collaboration, and coordination. During FY12, 12 clinicians from 6 countries participated in MIHTP. DHAPP staff examined results from the training sessions that took place in FY12 to assess the program’s effectiveness.

## MEASURES OF EFFECTIVENESS

Pre-tests and post-tests have been developed with the expertise of the physicians and epidemiologists affiliated with DHAPP, Naval Medical Center San Diego (NMCSD), University of California San Diego (UCSD), and San Diego State University (SDSU). The test consists of 40 multiple-choice questions taken directly from the lectures, covering topics such as ART, military policies, OIs, and statistical analysis. Pre-tests are administered during the trainees’ orientation prior to any lectures; if needed, the test is translated into the trainees’ native languages. Post-tests are administered during the out-briefing following the 30-day training program. The test comparisons allow for evaluation of the trainees’ competence in the subject matter, and identification of areas for improvement, emphasis, or deletion.

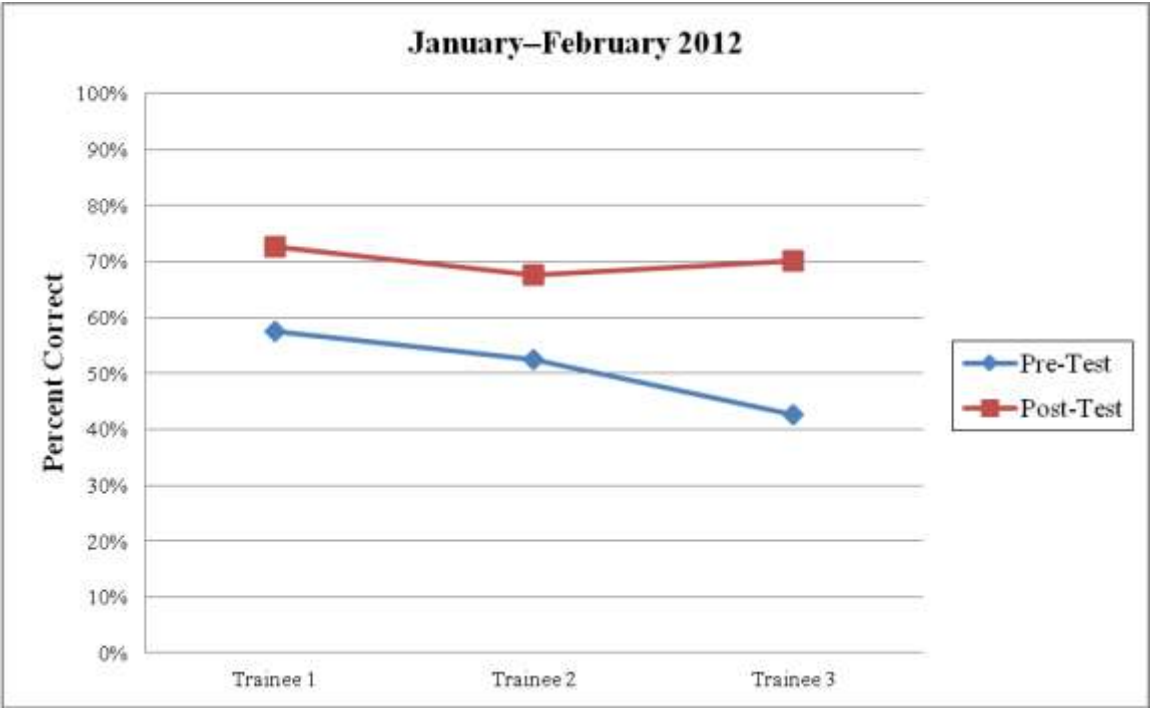


# RESULTS

## January through February 2012: Guyana and Mozambique

Three (3) trainees attended this training program, 1 from Guyana and 2 from Mozambique. All trainees took part in the testing. The table below shows the pre-test scores, illustrating a somewhat similar competence level among the trainees. Pre-test scores ranged from 42.5% to 57.5%, while post-test scores ranged from 67.5% to 72.5%, making it clear that it was a valuable training for all. The average pre-test score went from approximately 50.8% to a post test average of 70%. Below is a table of scores, followed by a graphical representation. It is clear that all participants scored very high on their post-test, with the difference in scores ranging from a 15% increase to a 27.5% increase over the January–February 2012 MIHTP course duration

|           | Trainee 1 | Trainee 2 | Trainee 3 |
|-----------|-----------|-----------|-----------|
| Pre-test  | 57.5%     | 52.5%     | 42.5%     |
| Post-test | 72.5%     | 67.5%     | 70.0%     |



Trainees had significantly higher scores at post-test (70%) compared with pre-test scores (50.8%,  $p = 0.05$ ).

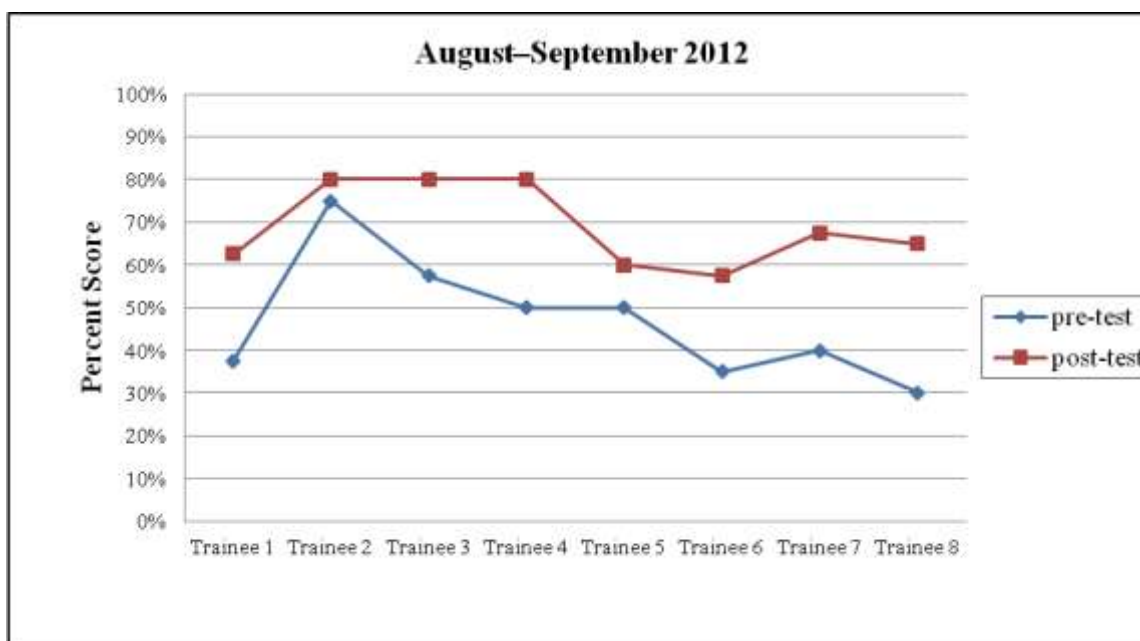


## RESULTS

### August through September 2012: Angola, Cameroon, Djibouti, Mozambique, Rwanda, and Serbia

Nine (9) trainees attended this training program, 2 from Angola who were accompanied by 1 HIV counselor who also acted as English-Portuguese translator, 1 from Cameroon, 1 from Djibouti, 2 from Mozambique, 1 from Rwanda, and 1 from Serbia. All trainees took part in the testing, with the exception of the Portuguese-English translator who was removed from the testing process as she was assisting with translations as necessary. The table below shows the pre-test scores, illustrating a somewhat similar competence level among the trainees. Pre-test scores ranged from 30% to 75%, while post-test scores ranged from 57.5% to 80%, making it clear that it was a valuable training for all. The average pre-test score went from approximately 46.9% to a post test average of 68.1%. Below is a table of scores, followed by a graphical representation. However, it is clear that all participants scored very high on their Post-test; with the difference in scores ranging from a 5% increase to a 35% increase before and after the January-February 2012 MIHTP course duration.

|                 | Trainee 1 | Trainee 2 | Trainee 3 | Trainee 4 | Trainee 5 | Trainee 6 | Trainee 7 | Trainee 8 |
|-----------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Pre-test score  | 37.5%     | 75.0%     | 57.5%     | 50.0%     | 50.0%     | 35.0%     | 40.0%     | 30.0%     |
| Post-test score | 62.5%     | 80.0%     | 90.0%     | 70.0%     | 60.0%     | 57.5%     | 67.5%     | 65.0%     |



Trainees had significantly higher scores at post-test (68.1%) compared with pre-test scores (46.9%,  $p = 0.05$ ).



## DISCUSSION

The above results indicate that there are both strengths and weaknesses with the program and/or among the trainees, but this is not unexpected, since there is always room for improvement. We also have to be concerned with language barriers, the background of the individual, and his or her interest in the work, which may all influence how much learning occurs. On a positive note, increases in scores act as an indicator that a transfer of knowledge is occurring. As the number of trainees increases with each training session, a clearer picture will present itself as to the effectiveness and efficiency of the program, where the problems exist, and how much knowledge is being transferred. Now that we have compiled scoring information on the same test for the past 25 sessions (May 2004 through September 2012), we can see a significant increase in scores from before to after the training program. After compiling scores from the most recent training program, the number of participants is now 150. Pre-test scores average 49.3%, while post-test scores average 68.1%, resulting in an overall increase of 18.8% for all MIHTP participants to date. We can see a difference in scores at  $p < 0.001$  significance level, indicating that the increase in score is not by chance, but can be attributed to the training. As the program and the number of participants grow, more and more trends begin to arise, allowing for changes and improvements.

## AFTERWORD

On behalf of the staff at DHAPP we would like to thank everyone who has participated in all aspects of the *Military International HIV/AIDS Training Program*. We are truly grateful to all the individuals from Naval Health Research Center, NMCSD, UCSD, and SDSU; the trainees; the embassies; and especially the patients who have shared their time and lives by allowing our trainees to observe and interact with them over the course of this training program. A final word of thanks goes to our hard-working coordination staff members for making this another successful year of HIV clinical training.





# Country Reports





# US AFRICA COMMAND

## *Winning battles in the war against HIV/AIDS*

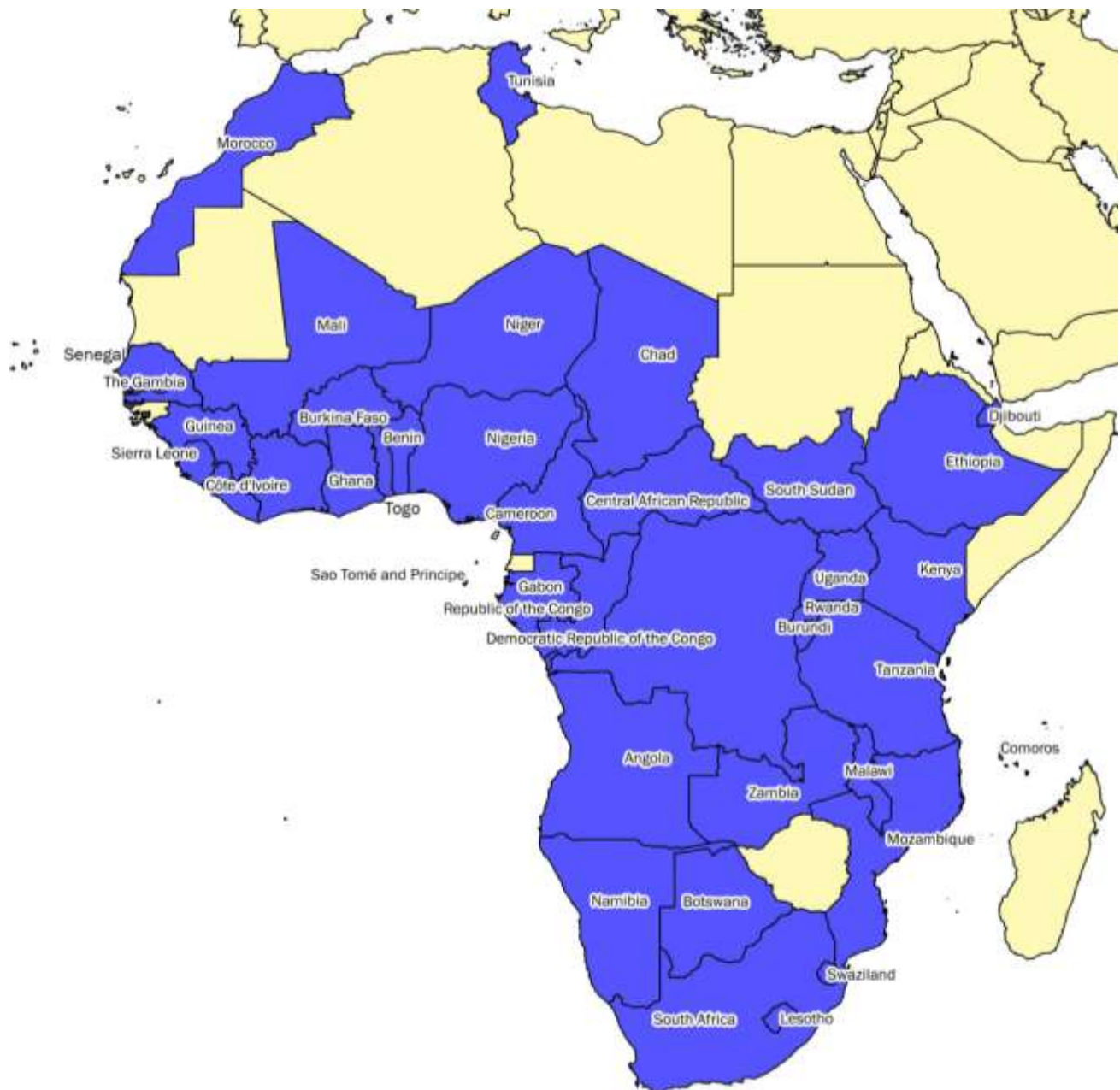


The US AFRICOM mission is to protect and defend the national security interests of the United States by strengthening the defense capabilities of African states and regional organizations. USAFRICOM, when directed, conducts military operations, in order to deter and defeat transnational threats and to provide a secure environment conducive to good governance and development. USAFRICOM addresses HIV/AIDS in the military context through technical program assistance and implementation from DHAPP via three funding sources: a congressional plus-up to the Defense Health Program, funding transfers from PEPFAR, and Foreign Military Financing from the US Department of Defense. With the intent of eliminating HIV/AIDS as a threat to theater stability, USAFRICOM focuses on prevention, supporting sustainable care and treatment programs, capacity building, and supporting leadership in their development of HIV policies.





# Active Country Programs Within **US Africa Command's Area of Responsibility**







# Central Region



# Angola



*Reducing the incidence of HIV/AIDS among  
uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

Since the end of a 27-year civil war in 2002 and the death of rebel leader Jonas Savimbi, Angola has been making efforts to rebuild the country's infrastructure and move forward as a democratic society. Under the leadership of President José dos Santos, a new constitution was established in 2010, and national elections were held in 2012.

The estimated Angolan population is 18 million people, with a life expectancy of 55 years. Portuguese is the official language of Angola, which has an estimated literacy rate of 70%, with a higher rate among men than women. Oil production and its supporting activities account for about 85% of the GDP. Increased oil production supported growth averaging more than 17% per year from 2004 to 2008. Subsistence agriculture provides the main livelihood for most of the population, but half of the country's food must still be imported. Consumer inflation decreased from 325% in 2000 to approximately 10% in 2012. Angola climbed out of a budget deficit of 8.6% of the GDP in 2009 to an estimated fiscal surplus of 12% of the GDP in 2012 due to increasing oil prices. The GDP per capita is \$6,200.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in Angola's general population is 2.1% among adults 15–49 years of age. The estimated number of PLHIV by the end of 2011 was 230,000 (UNAIDS website, February 2013). For southern Africa as a whole, HIV incidence appears to have peaked in the mid-1990s. In most countries, HIV prevalence has stabilized at extremely high levels, although evidence indicates that HIV incidence continues to rise in rural Angola (UNAIDS *AIDS Epidemic Update* 2009).





## **Military Statistics**

The Angolan Armed Forces (AAF) comprises an estimated 150,000 personnel in 3 branches, according to the DAO: Army, Navy, and National Air Force. Angola allocates 3.6% of the GDP for military expenditures. In 2003, Charles Drew University of Medicine and Science (CDU) conducted a military prevalence study and estimated rates of seroprevalence at 3% to 11%, depending on location. HIV prevalence rates are highest near the border of Namibia (11%). Another surveillance study is being planned for the near future with assistance from DHAPP.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

The AAF has continued its efforts in the fight against HIV/AIDS in collaboration with the Drew Center for AIDS Research, Education and Services. Currently, a program manager in the DAO in Luanda coordinates the DHAPP program activities with its partner in Angola. The program continues to make exceptional progress with the current prevention programs and to provide services for HIV prevention, care, and treatment. The implementing partner in FY12 was CDU.

### **Foreign Military Financing Assistance**

Angola was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2008, and 2009. Related authorizations were released for execution in 2005, 2008, and 2011, respectively. The 2003 funding was employed for a cytometer, viral load analyzer, centrifuge, and supporting supplies/reagents. The 2004 funding was employed for cytometers and supporting supplies/reagents. Plans for employment of the 2008–9 funding remain in development.

## **OUTCOMES & IMPACT**

### **Prevention**

Peer educators are trained in interpersonal communication to deliver messages about risky sexual behavior, HIV prevention, care and treatment. During FY12, a total of 2,942 individuals were reached with prevention messages through small groups, drama plays, small lectures, and distribution of information, education, and communication (IEC) materials. Working closely with the regional commands, the HIV program had broad and effective participation from personnel from military units across the regions. In some regions, the regional commander requested that the unit commanders participate, which





increased their support of and involvement in prevention activities and sent a strong message to the troops of how important prevention efforts were to senior leadership.

The AAF's dedicated efforts to promote HTC have resulted in greater numbers of people tested than had been anticipated. HTC services are being offered on a regular basis in major military units in various regions of the country, and testing is being promoted in all HIV-related activities. In total, HTC services were provided to 6,608 individuals during FY12. Twelve (12) pregnant women were tested for HIV and received their results in FY12.

### Care and Treatment

A Psychosocial Support Program was created for PLHIV. It is based on curriculum for PwP developed by PEPFAR and is currently being adapted for the Angolan military context.

**6,608** individuals  
received HTC services.

A total of 163 health care workers successfully completed in-service training in HIV counseling, HIV diagnosis and treatment, and HIV education. Trainees included 71 HTC counselors, 5 physicians, 9 psychologists, and 78 peer educators. The refresher training in HTC took place in the province of Huambo and included participants from the 6 military regions. Three (3) physicians attended HIV treatment training at the National HIV/AIDS Institute in Luanda.

### Other

DHAPP staff visited Angola in FY12 to provide support for an annual strategic planning workshop in November 2012 with the AAF.

DHAPP and the AAF are continuing discussions regarding study protocol for an HIV serological and behavioral assessment.

Two (2) members of the AAF and the DHAPP Program Manager attended IMilHAC in 2012, and 2 trainees attended the MIHTP course in San Diego.

### Proposed Future Activities

Proposed activities by CDU include continuing prevention education, HTC capabilities, and training medical staff on treatment services for the AAF. DHAPP will support a serological and behavioral assessment among the AAF. All program activities continue with ownership from the AAF.





# Burundi



*Reducing the incidence of HIV/AIDS among  
uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

The estimated population of Burundi is 10.5 million people, with an average life expectancy of 59 years. Kirundi and French are the official languages of Burundi. There is an estimated literacy rate of 67%, with uneven distribution between men and women. Burundi is a landlocked, resource-poor country with an underdeveloped manufacturing sector. The economy is predominantly agricultural, and it accounts for over 30% of the GDP and employs more than 90% of the population. Burundi's primary exports are coffee and tea, which account for almost all foreign exchange earnings. Burundi's GDP has grown about 4% annually from 2006–2012. Political stability and the end of the civil war have improved aid flows and increased economic activity, and underlying weaknesses risk undermining planned economic reforms. Almost half of Burundi's national income comes from foreign aid. After joining the East African Community, Burundi received \$700 million in debt relief in 2009. The GDP per capita is \$600.

### HIV/AIDS Statistics

The HIV prevalence rate in Burundi's general population is estimated at 1.3%. Burundi has approximately 80,000 PLHIV (UNAIDS website, February 2013). According to the UNAIDS *AIDS Epidemic Update 2009*, in population-based surveys among those 15–24 years of age in Burundi between 2002 and 2008, HIV prevalence declined in urban areas (from 4.0% to 3.8%) and in semi-urban areas (from 6.6% to 4.0%), while HIV prevalence increased in rural areas (from 2.2% to 2.9%). The primary identified risk factor in the population is unprotected heterosexual contact.





## Military Statistics

The Forces de Defense Nationale (FDN) has approximately 20,000 personnel. Burundi allocates 5.9% of the GDP for military expenditures. No current HIV/AIDS prevalence data are available for the FDN.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff are working with the FDN and PSI on a prevention program for the troops. Development and implementation of the program began in FY06, and continues with the current goals of providing prevention efforts as well as HTC services. A program manager is working with the FDN HIV/AIDS Prevention Program. Burundi was formerly a Defense Health Program country, and has transitioned to PEPFAR.

### Foreign Military Financing Assistance

Burundi was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2006 and augmented in 2008 and 2009. Related authorizations were released for execution in 2008, 2009, and 2010, respectively. Except for the funding of an IDI laboratory training seat and a cytometer, plans for employment of most all funds are on hold pending construction of the Bujumbura Clinic.

## OUTCOMES & IMPACT

### Prevention and Care

In FY12, 6,870 military personnel were reached through HIV/AIDS prevention interventions using mobile video units. To date, PSI has visited all Burundi military camps at least once. Troops receive free condoms inside the camps. To improve condom accessibility after working hours, 39 outlets were established in the areas surrounding military camps. HTC services reached 2,331 military staff and their families at the Akabanga CT Center, and mobile counseling and testing campaigns reached 6,488 military staff and peacekeepers. The mobile HTC campaign continues to increase access to services for military members and their families. An additional mobile HTC unit was launched this year, thus





the total number of individuals tested in 2012 was 8,819. A new health facility is being planned by the US Embassy to help re-integrate HTC services in a fixed facility to reach families of military members who are now living outside of military camps. A total of 32 new counselors were trained to support fixed and mobile HTC services, and 17 health care workers were trained in reception, treatment, and monitoring of HIV-positive referred patients. One (1) laboratory currently has the capacity to perform clinical laboratory tests.

Plans continue to support building a military clinic to provide medical services including HIV prevention, HTC, care, and treatment. Two (2) members of the FDN and the DHAPP Program Manager attended IMilHAC in May 2012.

### Proposed Future Activities

PSI working in collaboration with the FDN will continue to encourage behavior change through prevention efforts and providing HTC services for troops and their families.





# Cameroon

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## BACKGROUND

### Country Statistics

Modest oil resources and favorable agricultural conditions provide Cameroon with one of the best-endowed primary commodity economies in sub-Saharan Africa. Still, it faces many of the same serious problems of other underdeveloped countries, such as a top-heavy civil service and a generally unfavorable climate for business enterprise. Over the past three decades the government has embarked on various programs designed to spur business investment, increase agricultural efficiency, improve trade, and recapitalize the nation's banks. New mining projects have begun to attract foreign investment, but large ventures will take time to develop. Cameroon's estimated population is 20.1 million people, with an average life expectancy of 55 years. English and French are the official languages of Cameroon, which has an estimated literacy rate of 76%, with uneven distribution between men and women. The GDP per capita is \$2,300, with an unemployment rate of 30%.



### HIV/AIDS Statistics

The HIV prevalence rate in Cameroon's general population is estimated at 4.6%. Cameroon has approximately 550,000 PLHIV (UNAIDS website, February 2013). The primary identified risk factor in the population is unprotected heterosexual contact. According to the UNAIDS *AIDS Epidemic Update 2009*, in 8 African countries where surveys have been conducted (Burkina Faso, Cameroon, Ghana, Kenya, Lesotho, Malawi, Uganda, and the United Republic of Tanzania), HIV prevalence is higher among adults in the wealthiest quintile than among those in the poorest quintile. Cameroon was 1 of 7 African nations that reported more than 30% of all sex workers were living with HIV (UNAIDS, 2009).



## **Military Statistics**

The Cameroon Armed Forces (CAF) comprises approximately 26,000 members, according to DHAPP. Cameroon allocates 1.3% of the GDP for military expenditures. Conducted in 2005, a prevalence study revealed a military prevalence of 11.3%. A SABERS was conducted in collaboration with the CAF, DHAPP, and Global Viral Forecasting Initiative (GVFI).

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

In Cameroon, DHAPP and the CAF have been working with GVFI and PSI to continue efforts to support its HIV/AIDS prevention programs. Cameroon was formerly a Defense Health Program country, and has transitioned to PEPFAR.

### **Foreign Military Financing Assistance**

Cameroon was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005 and 2006. Related authorizations were released for execution in 2005, 2007, and 2010, respectively. The 2003 funding has been employed thus far for a cytometer, immunoassay reader/washer, hematology analyzer, chemistry analyzer, microscope, incubator, and supporting lab equipment, reagents, and supplies. The 2005 funding was fully employed for supporting lab equipment, supplies and reagents. In 2012, most all of the 2006 funding was employed for multiple equipment and supplies, including a water purification system, laboratory hood, incinerator, computer, and freezers.



### **Prevention**

PSI and the CAF continued their prevention campaign in FY12. Their prevention interventions reached 13,150 troops and family members through small group education sessions. PSI worked closely with the CAF to also provide HTC services to the military and its surrounding community. Eleven (11) voluntary counseling and testing campaigns were organized to reach military members and their families for HTC services. A total of 4,282 individuals received HTC services, 2,309 of whom were military personnel. Of those tested, 1,497 (35%) were women. Three (3) military doctors received additional training on HIV services during FY12, and planned training in 2013 will aim to target at least 30 doctors and nurses.

### **Other**

DHAPP and GVFI developed a protocol for an HIV prevalence study among the CAF. The study was subdivided into two protocols for approval in both the US and Cameroon: Protocol 1 is the surveillance protocol and Protocol 2 is a



genetic subtyping protocol. A significant milestone for this reporting period is that the Cameroon team completed the SABERS among the CAF. The timeline for various implementation and analysis phases includes field implementation September–October 2011, high command and confidential debrief on overall HIV prevalence in October 2011, and data entry October–November 2011. During the performance period, double data entry was completed for all 2,500 questionnaires, data were cleaned, and a final data set was sent to DHAPP for analysis. Final laboratory quality control measures were completed, and results were recorded and communicated to DHAPP, including confirmation of negative and discordant finger-prick results. Beginning in December 2011 and concluding in June 2012, epidemiological analyses of the SABERS were finalized and a draft analysis report generated. In December 2011, DHAPP and GVFI met to discuss the findings and begin work on the completed report. The final report was presented to the Cameroon MOD in September 2012, and the MOD organized the official dissemination workshop of this study’s results to the in-country stakeholders in September 2012.

Two (2) members of the CAF and 1 member of the US military in Cameroon attended IMilHAC in May 2012, and 1 trainee attended the MIHTP course in San Diego.

### **Proposed Future Activities**

In FY13, PSI will continue its prevention efforts including HTC campaigns. The proposed activities will be presented to the USG PEPFAR team and submitted as part of the Cameroon COP for FY13.





# Central African Republic



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## BACKGROUND

### Country Statistics

The estimated population of the Central African Republic (CAR) is 5 million people, with an average life expectancy of 50.5 years. French is the official language of CAR, which has an estimated literacy rate of 56%, unevenly distributed between men and women. Subsistence agriculture and forestry remain the backbone of the economy of CAR, with approximately 60% of the population living in outlying areas. The agricultural sector generates over half of the GDP. The GDP per capita is \$800. Timber and diamonds account for the majority of export earnings, followed by cotton. Constraints on economic development include CAR's landlocked position, a poor transportation system, a largely unskilled workforce, and a legacy of misdirected macroeconomic policies. Factional fighting between the government and its opponents remains a hindrance to economic revitalization. Distribution of income is extremely unequal, and grants from the international community only partially meet humanitarian needs. The World Bank approved \$125 million in funding for transport infrastructure and regional trade in 2012, and after a 2-year lag in donor support, the International Monetary Fund's first review of CAR's extended credit facility for 2012–2015 praised improvements in revenue collection while warning of weak management of spending.



### HIV/AIDS Statistics

The HIV prevalence rate in the CAR general population is estimated at 4.6%, with approximately 130,000 PLHIV (UNAIDS website, February 2013).



## Military Statistics

The Forces Armées Centrafricaines (FACA) is composed of an estimated 10,000 personnel, according to DHAPP. CAR allocates 0.9% of the GDP for military expenditures.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

In September 2012, PSI became a partner of FACA and DHAPP and will support prevention activities. The Global Viral Forecasting Initiative (GVFI) has provided technical assistance to the militaries of Central Africa in the implementation of HIV prevention and surveillance activities. GVFI worked with the US DAO in N'Djamena, Chad, which covers CAR.



## OUTCOMES & IMPACT

### Prevention and Health System Strengthening

Preventive interventions, training for health care professionals, and HTC services began in mid-September 2012 with assistance from PSI. Indicator results regarding these programs are expected to be reported on in 2013.

DHAPP staff visited the CAR in December 2011 to accompany Project C.U.R.E. staff and conducted an assessment of military clinic facilities and capabilities for 2 FACA military installations that will receive medical supplies. In April 2012, the FACA received 1 container filled with medical supplies and consumables for FACA clinical use. Additionally, 2 FACA members attended IMilHAC in May 2012.

### Proposed Future Activities

PSI will continue to work with the FACA in expanding its prevention efforts through condom distribution and scale-up of HTC services in 3 FACA military installations.





# Chad



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## BACKGROUND

### Country Statistics

Chad's estimated population is 11 million people, with an average life expectancy of 49 years. Arabic and French are the official languages of Chad, which has an estimated literacy rate of 34.5%, unevenly distributed between men and women. The country's economy has long been handicapped by its landlocked position, high energy costs, and history of instability. Chad's primarily agricultural economy continues to be fostered by major foreign direct investment projects in the oil sector that began in 2000. A consortium led by 2 US companies has invested \$3.7 billion to develop oil reserves in southern Chad. Chinese companies are also expanding exploration efforts and have finished building a 311-km pipeline and Chad's first refinery. The nation's total oil reserves have been estimated at 1.5 billion barrels and oil exportation began in 2004. The majority of Chad's population relies on subsistence farming and livestock for its livelihood. Cotton, cattle, and gum arabic comprise the bulk of Chad's non-oil export earnings. The GDP per capita is \$2,000.



### HIV/AIDS Statistics

The HIV prevalence rate in Chad's general population is estimated at 3.1%. Chad has approximately 210,000 PLHIV (UNAIDS website, February 2013). The primary identified risk factor in the population is unprotected heterosexual contact.

### Military Statistics

The Chadian National Army, or Armee Nationale du Tchad (ANT), is estimated at approximately 25,000 members. Chad allocates 1.7% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance was conducted for the ANT in the capital city, N'Djamena, revealing a prevalence of 5.3%.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff collaborates with the US DAO in N'Djamena. A new implementing partner, Association Tchadienne Pour le Bien Etre Familial (ASTBEF), was selected in September 2012 to provide technical assistance to the ANT. The Global Viral Forecasting Initiative assisted the ANT with its prevention program in 2012.

### Foreign Military Financing Assistance

Chad was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005 and 2006. Related authorizations were released for execution in 2005 and 2009, respectively. The 2003 funding was employed for HIV rapid test kits. Employment of most all the 2005–6 funding for multiple equipment and supplies is certain during 2013.



## OUTCOMES AND IMPACT

### Prevention

A public event was held at the Chadian Instruction Training Center in Loumia, located 90 kilometers outside of N'djamena. Approximately 300 troops were sensitized, with 4,800 condoms distributed. HTC services were offered during the event, with 81 military personnel tested. Approximately 90,000 condoms were purchased and delivered to the various garrisons for distribution in 2012. The ceremony took place in January 2012, and was attended by the US DoD attaché to Chad.

One (1) testing facility at the military hospital currently has the capacity to perform clinical laboratory tests. Over the past year, 3 health care workers completed an in-service training program at IDI in Uganda. Additionally, 4 members of the ANT and the DHAPP Program Manager attended IMilHAC in May 2012.

### Proposed Future Activities

Planned activities include peer education training and monitoring of small group interventions by ABSTEF in 2013.





# Democratic Republic of the Congo



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## BACKGROUND

### Country Statistics

The estimated population of the Democratic Republic of the Congo (DRC) is 73.6 million people, with an average life expectancy of 56 years. French is the official language of the DRC, which has an estimated literacy rate of 67%, with uneven distribution between men and women. The DRC, a nation endowed with vast potential wealth, is slowly recovering from decades of decline. Since the mid-90s, countrywide instability and conflict have dramatically reduced national output and government revenue, increased external debt, and resulted in the deaths of more than 5 million people from violence, famine, and disease. Conditions began to improve in 2003 as the transitional government reopened relations with international financial institutions and donors, and began implementing reforms. The country's fiscal position and GDP growth has been boosted in recent years as a result of renewed activity in the mining sector, the source of most export income. The global recession cut economic growth to nearly half by 2009, but growth returned to around 7% per year in 2010–12. The DRC signed a Poverty Reduction and Growth Facility agreement with the IMF in 2009 and received \$12 million in debt relief in 2010, but the last three payments under the loan facility were suspended by the IMF at the end of 2012 due to concerns regarding the lack of transparency in mining contracts. The GDP per capita is \$400.



### HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated to be between 1.2% and 1.6%. There were between 430,000 and 560,000 PLHIV in 2011 (UNAIDS website, February 2013). The primary identified risk factor in the



population is unprotected heterosexual contact.

## **Military Statistics**

The Forces d'Armees de la Republique Democratique du Congo (FARDC) is composed of 159,000 members. This military, still in the process of rebuilding after the end of the war in 2003, is one of the most unstable in the region. The DRC allocates 2.5% of the GDP for military expenditures. DHAPP supported the first HIV seroprevalence study for the FARDC, which was conducted in the capital city of Kinshasa from July to August 2007. Study results indicated a prevalence rate of 3.8% among the convenience sample taken in Kinshasa. A larger, more representative study is being planned in collaboration with DHAPP, Global Viral Forecasting Initiative (GVFI), and FARDC.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

The network of partners involved in the FARDC program has evolved to include an in-country program manager working closely with GVFI, PSI, and FHI 360. DHAPP staff provides oversight for the in-country program manager and technical assistance.

### **Foreign Military Financing Assistance**

DRC was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2005 and augmented in 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2009 (x3) and 2011, respectively. The 2005 funding has been employed for a cytometer; biochemistry, electrolyte, immunoassay, blood, and electrophoresis analyzers; and supporting reagents. Of the 2006 funding, 30% has been employed for reagents, and plans for employment of the remaining 2006–9 funding remain in development.

## **OUTCOMES & IMPACT**

### **Prevention and Health System Strengthening**

A total of 50,664 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the PEPFAR minimum standards required.

During these sessions, adoption and maintenance of less risky sexual behaviors were discussed, such as condom use and being tested for HIV. To compensate for the disruption of implementation activities during the elections period early in FY12, PSI accelerated its sessions and achieved 112% of the annual target. Activities consisted of interpersonal communication by peer educators, and were undertaken in 5 sites (Kinshasa, Lubumbashi, Bukavu, Mbuji-Mayi, and Kisangani).





In FY12, PSI supported 10,285 people who were reached by an individual and small group intervention that explicitly addressed gender-based violence (GBV) and coercion. The Kinshasa School of Public Health partnered with PSI and the FARDC, and they developed the module for peer educators training on GBV. Two (2) sites in Kinshasa and Kisangani contributed to the results. The target group was youths 10–14 years of age and they were reached only in Kinshasa through life skills education conducted at a community-based youth center. The 18–24 years age group was also targeted.

In FY12, 4 centers offered quality HTC services, and 13,506 individuals (troops, family members, and civilians) were tested for HIV and received their results. FHI 360 will conduct outreach for HTC services at all sites to increase the uptake of individuals receiving services. Due to political and social instability caused by the presidential elections crisis in early FY12, which restricted access to military camps for the implementation of planned activities, the HTC activities were slightly disrupted.

Preparatory activities began during FY12 for the upcoming SABERS with the FARDC. DHAPP and the GVFI team worked closely with the military HIV working group on the following aspects: protocol elaboration, study sample scheme, data collection tools elaboration, budget elaboration, study implementation plan and procedures, and identification of team members and other implementation partners. The pilot phase occurred in August 2012 in DRC, with the objective of training a military field team to test the user interface and data quality of using an electronic data collection medium. A second objective of the DRC trip was to meet with the MOD for study introduction, advocacy, discussion of a Memorandum of Understanding, conduct a review session on the study implementation plan and its feasibility (including cost evaluation), and to debrief the military command after pilot testing the data collection handheld tools and survey software for this study. Data collection will begin in FY13.

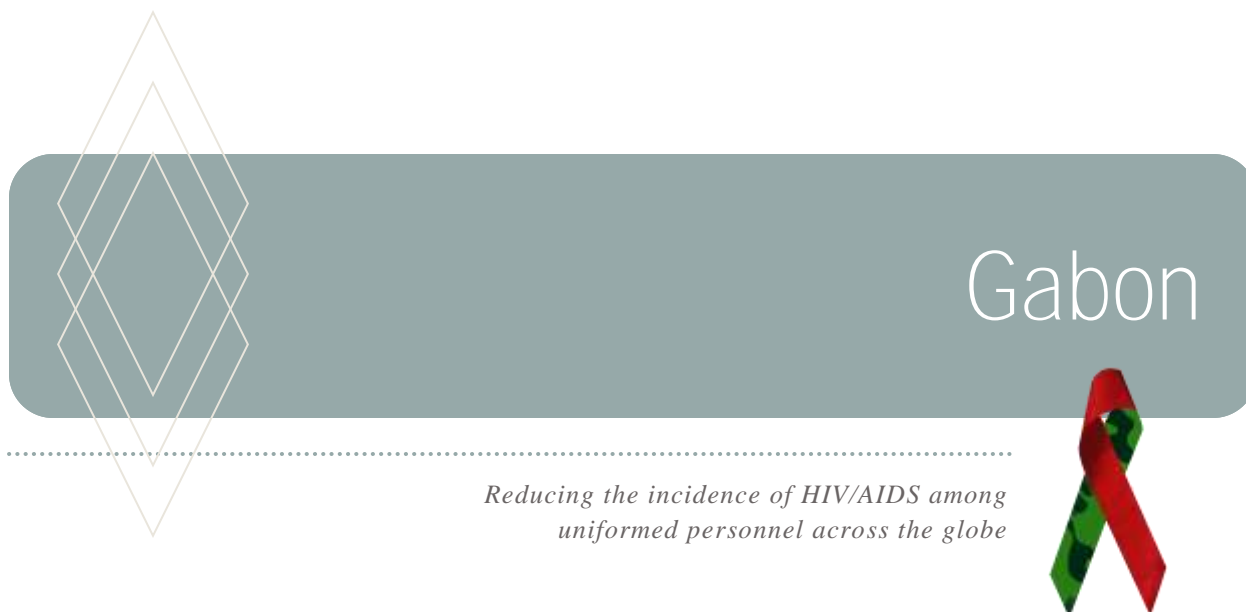
A successful technical visit by DHAPP staff occurred in 2012 to review the DoD portfolio and provide technical assistance for all programmatic areas as well as provide feedback on current programming. Additionally, 3 members of the FARDC and the DHAPP Program Manager attended IMilHAC in 2012, along with 1 member of the US military stationed in DRC.



### Proposed Future Activities

Proposed future activities include promoting HTC and psychological support in military regions by training counselors in the military health centers, continuing prevention education for troops, training peer educators, and developing TV/radio promotional segments for the military. Gender-based programming will be discussed with PSI, and plans to develop a program to support the understanding and reduction of GBV in military settings will be discussed.





## BACKGROUND

### Country Statistics

Gabon's estimated population is 1.6 million people, with an average life expectancy of 52 years. French is the official language of Gabon, which has an estimated literacy rate of 88%, unevenly distributed between men and women. Gabon has a per capita income four times that of most sub-Saharan African nations, and the oil sector accounts for 50% of the GDP, although oil production is in decline. The GDP per capita is \$17,300, but due to high income inequality, a large part of the population remains poor. Issues such as price fluctuation and poor fiscal management have hampered economic growth. Gabon's president has made efforts to boost growth by increasing government investment in human resources and infrastructure, and from 2010–12, GDP grew by more than 6% per year.

### HIV/AIDS Statistics

The HIV prevalence rate in Gabon's general population is estimated at 5.0%. Gabon has approximately 46,000 PLHIV (UNAIDS website, February 2013).



### Military Statistics

The Gabonese Armed Forces (GAF) is a small, professional military estimated at approximately 5,000 members. Gabon allocates 0.9% of the GDP for military expenditures. In 2007, with funding from DHAPP, the second HIV surveillance study for the GAF was conducted in Libreville, revealing a prevalence of 4.3%. Results of the study have been officially released by the Gabonese MOD. Approximately 0.9% of the country's GDP is allocated for military expenditures.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The majority of program activities are run through the US Embassy with the support of a DHAPP Program Manager. Additionally, the Global Viral Forecasting Initiative is providing technical assistance to the GAF through the implementation of HIV prevention activities.

### Foreign Military Financing Assistance

Gabon was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005, 2006, and 2007. Related authorizations were released for execution in 2005, 2009, and 2010, respectively. The 2003 funding was fully employed for laboratory supplies and reagents. Most of the 2005–7 funding has been executed for a centrifuge, microscopes, a cytometer, a viral load analyzer, an immune analyzer, a hematology analyzer, a blood analyzer, refrigerators, a biosafety cabinet, and supporting test kits and reagents. Plans for employment of the balance remain in development.

## OUTCOMES & IMPACT

### Prevention, Care and Health System Strengthening

In FY12, 14,379 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required. Topics included ways to reduce the HIV/AIDS prevalence, modes of HIV transmission, and male and female condom use demonstrations. A total of 664 individuals received HTC services and received their test results.

Twenty eight (28) PLHIV were reached with a minimum package of PwP interventions that were delivered by social workers, psychologists, and medical doctors. A total of 225 eligible adults and children were provided with a minimum of 1 care service, and 125 of them received cotrimoxazole prophylaxis. It is mandatory to conduct TB screening for a patient who has HIV in the military hospital. With 100% screening, 70% of HIV-positive patients were started on TB treatment.



In FY12, 5 health care workers were provided with in-service training. The trainings included HIV lab practice management. Three (3) members of the GAF, the DHAPP Program Manager, and 1 US military representative from the Embassy in Gabon attended IMilHAC in May 2012.

### Proposed Future Activities

Future activities include developing health centers in regions that do not currently have access to HIV testing and basic health care, and further development of a PwP program.



# Republic of the Congo

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## BACKGROUND

### Country Statistics

The estimated population of the Republic of the Congo (formerly Congo-Brazzaville) is 4.4 million people, with an average life expectancy of 55 years. French is the official language, and the country has an estimated literacy rate of 84%, unevenly distributed between men and women. The economy is a mixture of subsistence agriculture, an industrial sector based on oil and support services, and government spending. The government is characterized by budget problems and overstaffing. Oil has replaced forestry as the mainstay of the economy, providing a major share of government revenues and exports. Oil prices dropped during the global crisis and reduced oil revenue by 30%, but prices have since recovered and economic outlook has improved. The GDP per capita is \$4,700.



### HIV/AIDS Statistics

The HIV prevalence rate in the Republic of the Congo general population is estimated at 3.3% (UNAIDS website, March 2013). The Republic of the Congo has a total of approximately 71,000 PLHIV.

### Military Statistics

The Congolese Armed Forces (CAF) comprises approximately 10,000 members. The Republic of the Congo allocates 0.9% of the GDP for military expenditures. In 2003, with funding from DHAPP, the first HIV surveillance study was conducted for the CAF in the capital city of Brazzaville, revealing a prevalence rate of 4.3%. In 2007, another HIV surveillance study was conducted for the CAF in Brazzaville and the prevalence rate was 2.6%. Both of



these studies were convenience samples of military members in the capital city.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

In the Republic of the Congo, DHAPP and the CAF are working with the Global Viral Forecasting Initiative (GVFI). The GVFI began working with the CAF in 2010.



## OUTCOMES & IMPACT

GVFI is supporting the CAF to conduct a seroprevalence and behavioral study of approximately 1,000 military members in collaboration with DHAPP. In FY12, the protocol was submitted for institutional review board approval and sensitization activities were conducted for military leadership, and an educational session was held targeting military personnel and their families. Condoms were also distributed to military personnel.

Two (2) members of the CAF attended IMilHAC in May 2012.

### Proposed Future Activities

GVFI will continue to support prevention activities with the CAF in FY13. Plans for implementation of the seroprevalence study will continue, and data collection is planned for late 2013.





# Sao Tomé and Príncipe

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## BACKGROUND

### Country Statistics

The estimated population of Sao Tomé and Príncipe is 183,000 people, with an average life expectancy of 63 years. Portuguese is the official language of Sao Tomé and Príncipe, which has an estimated literacy rate of 85%, unevenly distributed between men and women. Since achieving independence in 1975, this small, poor island economy has become increasingly dependent on cocoa. Cocoa production has substantially declined in recent years due to drought and mismanagement. There is potential for the development of petroleum resources in Sao Tomé and Príncipe's territorial waters in the oil-rich Gulf of Guinea, but any actual production is at least a few years away. The government has also taken steps to expand facilities in recent years, in an effort to increase the country's potential for development of a tourist industry. Major economic challenges include controlling inflation, fiscal discipline, and increasing foreign direct investment into the oil sector. In 2011, the country completed a Threshold Country Program with the Millennium Challenge Corporation in an attempt to increase tax revenues, reform customs, and improve the business environment. The GDP per capita is \$2,300.

### HIV/AIDS Statistics

The HIV prevalence rate in the Sao Tomé and Príncipe general population is thought to be around 1.0%, according to recent estimates from UNAIDS. Little is known about the numbers of PLHIV and risk factors in this small population, according to the UNAIDS *AIDS Epidemic Update 2009*. However, UNAIDS estimates the number of PLHIV to be less than 1,000 (UNAIDS website, February 2013).





## **Military Statistics**

The Armed Forces of Sao Tomé and Príncipe (AFSTP) are estimated at 600 active-duty troops, with Army, Coast Guard, and Presidential Guard branches. Sao Tomé and Príncipe expends approximately 0.8% of GDP on military expenditures.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

In FY11, a regional program manager was hired through the US Embassy in Libreville, Gabon, and works for the DAO. The regional program manager oversees program activities in Sao Tomé.

## **OUTCOMES & IMPACT**

### **Prevention and Health System Strengthening**

In FY12, 1,000 individuals were reached with individual and/or small group-level preventive interventions, which are based on evidence and/or meet the minimum PEPFAR standard requirements, and 739 individuals were counseled and tested for HIV and received their results.

Additional activities conducted in FY12 included training master trainers and peer educators, condom distribution, STI screening, distribution of Information, Education, and Communication materials, World AIDS Day awareness activity, and testing of new recruits. Two (2) representatives from the AFSTP and the DHAPP Program Manager attended IMilHAC in May 2012.

### **Proposed Future Activities**

Continued prevention programming for the AFSTP is planned for FY13. Some of these activities include continued prevention efforts, HTC services, and AFSTP capacity development.







# East Region



# Djibouti



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## BACKGROUND

### Country Statistics

The estimated population of Djibouti is 774,000 people, with an average life expectancy of 62 years. French and Arabic are the official languages of Djibouti, which has an estimated literacy rate of 68%, unevenly distributed between men and women. The economy is based on service activities connected with the country's strategic location and status as a free trade zone in the Horn of Africa. Three fourths of the inhabitants live in the capital city; the others are mostly nomadic herders. Low rainfall limits crop production to fruits and vegetables, and most food must be imported. The majority of the port activity is imports and exports from Ethiopia. In 2012, construction began on a third port in the country to secure its position as a critical transshipment hub in the Horn of Africa. Djibouti also received funding for a desalination plant in late 2012 to begin to address the severe freshwater shortage affecting Djibouti City. The GDP per capita is \$2,700 and the unemployment rate is 60%. Djibouti hosts the only US military base in sub-Saharan Africa.

### HIV/AIDS Statistics

The HIV prevalence rate in Djibouti's general population is estimated at 1.4%, and there are approximately 9,200 PLHIV (UNAIDS website, February 2013). The primary mode of transmission is heterosexual contact. Women are more severely affected than men. According to the UNAIDS *AIDS Epidemic Update 2009*, surveys of bar-based female sex workers in Djibouti have found HIV prevalence rates as high as 26%.





## **Military Statistics**

The Djibouti armed forces is currently estimated to have around 7,000 members, according to DHAPP staff. Djibouti expends 3.8% of the GDP on the military. In 2006, the Djibouti MOD conducted its own seroprevalence study and found a rate of 1.17%. In 2011, the Djibouti MOD conducted another seroprevalence survey using a sample of 1,607 individuals, which showed an HIV prevalence rate of 1.0%.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

DHAPP staff members have worked in coordination with the Djibouti MOD and the OSC in Djibouti to provide technical assistance, as needed, as the MOD prevention and care program continues to expand.

### **Foreign Military Financing Assistance**

Djibouti was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2006 and 2007. Related authorizations were released for execution in 2005 and 2010 (×2), respectively. The 2003 funding has been fully employed for a hematology analyzer, autoclave, centrifuge, rapid test kits, immunoassay/biochemistry/microbiology equipment, refrigerators, and supporting laboratory reagents and supplies. The 2006 funding was fully employed for lab equipment, supplies, and reagents. The 2007 funding has been almost fully employed for lab supplies.

## **OUTCOMES & IMPACT**

### **Prevention**

In FY12, the MOD trained 60 military personnel to deliver HIV prevention messages and 1,694 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required.

Four (4) service outlets provided PMTCT services for the Djibouti MOD. During FY12, 975 pregnant women knew their HIV status and of these, 2 HIV-positive pregnant women received ARVs to reduce the risk of mother-to-child transmission.

The MOD supports 5 HTC centers for its troops. The HTC centers are located throughout the MOD bases and service all branches of the military, including the Republican Guard and the Gendarmerie Nationale. A total of 4,434 personnel, which includes a Somali battalion of 1,000 soldiers who were receiving military training in Djibouti, received HTC services and received their results.

A total of 101 HIV-positive individuals received a minimum of 1 clinical service at the military hospital, and of these, 47 received cotrimoxazole prophylaxis. Six (6) individuals with advanced HIV infection were newly enrolled on ART in



FY12, and 36 individuals were currently receiving ART during this reporting period.

Four (4) members of the Djibouti MOD and the DHAPP Program Manager attended IMilHAC in 2012, and 1 trainee attended the MIHTP course in San Diego. Additionally, 65 health care workers successfully completed an in-service training on blood safety.

### Proposed Future Activities

Future activities include HTC campaigns, training on blood safety, peer educator training, HTC training, and multiple HIV awareness activities including sporting events.







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## BACKGROUND

### Country Statistics

The estimated population of Ethiopia is 91 million people, with an average life expectancy of 57 years. Amharic, English, and Arabic are the official languages of Ethiopia, which has an estimated literacy rate of 43%, unevenly distributed between men and women. The GDP per capita is \$1,200. Ethiopia's economy is based on agriculture, accounting for almost half of the GDP and 85% of total employment. Coffee is the major export crop. The agricultural sector suffers from frequent drought and poor cultivation practices, but recent efforts by the Ethiopian government and donors have strengthened the country's agricultural resilience. Ethiopia has begun to attract foreign investment in textiles, leather, commercial agriculture, and manufacturing, although the banking, insurance, and credit industries are restricted to domestic investors. Even though GDP growth is high, Ethiopia has one of the lowest per capita income rates in the world.

### HIV/AIDS Statistics

The HIV prevalence rate in Ethiopia's general population is estimated at approximately 1.4%, with 790,000 PLHIV (UNAIDS website, February 2013). Ethiopia has a generalized epidemic, with risk groups that include sex workers, uniformed services, migrant populations, and displaced individuals.

### Military Statistics

The Ethiopian National Defense Force (ENDF) has approximately 138,000 active-duty members. Ethiopia expends 1.2% of the GDP on the military. The ENDF conducted a SABERS in 2010.





## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

DHAPP staff members participate in the PEPFAR Ethiopia Country Support Team. DHAPP has an in-country program manager who works for the Security Assistance Office at the US Embassy in Addis Ababa. The University of Connecticut Center for Health, Intervention, and Prevention (CHIP), FA IT Services, Glitter Biomedical Technology, FHI 360 and Haemonetics Corporation are implementing partners in Ethiopia for the ENDF and DHAPP. The DoD Armed Services Blood Program supports the ENDF Safe Blood Program with technical assistance.

### **Foreign Military Financing Assistance**

Ethiopia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003, and the related authorization was released for execution in 2005 and 2011. It has been almost fully employed for ENDF Bella Blood Center facility equipment and a serology analyzer. Most of the remaining funding has been obligated for a cytometer and a PointCare NOW instrument.

## OUTCOMES & IMPACT

### **Prevention**

The ENDF began offering VMMC services in FY11, and in FY12, a total of 2,089 clients were provided with VMMC services at training centers and routine sites at established health facilities. About 61% of the clients receiving VMMC were between the ages of 15 and 19 years. The VMMC program is part of the routine physical examination of new military recruits, and the ENDF has started to document VMMC status during recruitment of new military members. All of the 2,089 clients received HTC and received their results.

A total of 24,611 individuals were reached with small group prevention interventions in FY12, in part due to the VMMC campaign. DoD is also supporting the ENDF prevention program by procuring about 4 million condoms that are being distributed through an estimated 12,000 condom outlets.

The National Defense Blood Bank Center's Donor Center and Blood Processing is housed at Bella Military Referral Hospital in Addis Ababa. The US Armed Services Blood Program has been supporting the program since its inception in 2004 with ongoing technical support for management, training, and supply logistics. Planning is under way to expand the blood program to 4 additional sites: Northern Command – Mek'ele, Central Command – Shire, Eastern Command – Harar, and Western Command – Bahir Dar. A memorandum of understanding between the ENDF and DoD is signed. Glitter Biomedical Technology is providing preventative and curative maintenance support to 4 blood bank sites for the ENDF Blood Program, and FA IT Services is providing IT support for the blood program at all implementation sites.



## Care

In the ENDF, PwP and adherence to the ART program began in 2010. CHIP personnel worked collaboratively with ENDF representatives on the design of the program, which focuses on HIV-positive soldiers, peer educators, and health care providers. Two (2) sites are currently involved in the program: Armed Forces Referral Teaching Hospital in Addis Ababa, and Air Force Hospital in Debre-Zeit. The program provides positive-living classes, health education sessions, and one-on-one counseling sessions. The educators are trained on 18 modules. In addition, CHIP developed ART adherence support materials and PwP materials. CHIP conducted baseline focus groups, and a survey will be conducted to provide a baseline for evaluation of the program.

In FY12, 67 health care workers successfully completed an in-service training program that supports HIV service delivery. Most of the health care workers were trained on general blood safety and blood banking issues.

## Other

Since prevalence and risk-factor data are critical to programming, planning, and tracking HIV rates, the ENDF undertook a linked HIV prevalence and behavioral survey. DHAPP provided technical assistance to the ENDF by providing trainings in data collection, data entry and cleaning, and data analysis. The data collection, entry, and cleaning were complete in FY11. The ENDF analyzed its own data.

The DHAPP Program Manager and 1 member of the US military in Ethiopia attended IMilHAC in May 2012.

## Proposed Future Activities

Some of the proposed activities for the ENDF in FY13 include continued implementation of PwP and adherence to the ART program, continuation of an injection-safety program, expansion of the blood program, continuation of the safe water program, delivery of point-of-care CD4 laboratory equipment, start-up of a prevention program targeting the most-at-risk soldiers in high-risk settings, camouflage-patterned packaged condoms, civilian–military alliance activities, and the continued scale up of VMMC services.





# Kenya



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## BACKGROUND

### Country Statistics

Kenya's estimated population is 43 million people, with an average life expectancy of 63 years. English and Kiswahili are the official languages of Kenya, which has an estimated literacy rate of 87%, unevenly distributed between men and women. The regional hub for trade and finance in East Africa, Kenya has been hampered by corruption and by reliance on several primary goods whose prices have remained low. In the December 2002 elections, a new opposition government took on the economic problems facing the nation. Although progress was made in rooting out corruption and encouraging donor support, the Mwai Kibaki government was rocked by high-level scandals in 2005–6, resulting in delayed loans from the World Bank. Postelection violence in early 2008, together with the effects of the global financial crisis on remittance and exports, reduced estimated GDP growth to 1.7% in 2008, but the economy rebounded in 2009–10, and GDP growth rose to 5.1% in 2012. Despite little effort on the government's part to reduce corruption, international lending has since resumed. Unemployment in Kenya also remains extremely high at 40%. In March 2012, oil was discovered in Kenya, thus providing the opportunity for Kenya to balance its growing trade deficit if the deposits are found to be viable. The GDP per capita is \$1,800.



Kenya has over 40 indigenous tribes or ethnic groups with different religious and social customs, including polygamy and wife inheritance. Only 10 cities have over 100,000 people, and the Nairobi metropolitan area accounts for more than one third of the urban population. Only about 32% of the population lives in urban centers. The vast majority of Kenyans are small-scale farmers living in smaller towns and villages. This (and the resultant GDP per capita), a dual MOH, and stigma continue to limit access to



health care. With Kenya's new constitution, peaceful elections, devolution of health care and the consolidation of the Ministry of Health, Kenya has made significant strides to improve both access to care and quality of care.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in Kenya's general population is 6.2% (UNAIDS website, February 2013), but varies significantly by region. For example, in Nyanza the HIV prevalence rate is 14.9%, while the North Eastern Province is 0.8%. Kenya has approximately 1.6 million PLHIV. The primary identified risk factor in the population is unprotected heterosexual contact. Girls and young women are particularly vulnerable to infection. Women 15–24 years of age are more than 4 times as likely as men of the same age to be infected. HIV prevalence among uncircumcised men ages 15–64 was three times greater than among circumcised men. Only 16.4% of HIV-positive Kenyans know their HIV status.

Women 15–24 years of age are more than **4 times** as likely as men of the same age to be infected.

### Military Statistics

The Kenyan Ministry of State for Defence (MOSD), sometimes called the Kenyan Defence Forces (KDF), consists of approximately 45,000 personnel, according to USMHRP staff. Kenya allocates 2.8% of the GDP for military expenditures; however, the MOSD designates negligible funding for HIV/AIDS. No formal seroprevalence study has been done for the KDF. However, over the past 5 years and due to careful documentation within the HIV clinics, its prevalence rate of < 3% is an estimate. Plans to conduct a point prevalence assessment of HIV-1, TB, and malaria among the Kenyan military population are advancing.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The WRAIR US Army Medical Research Unit–Kenya (USAMRU-K) is a fully staffed OCONUS laboratory under the US Mission/Embassy in Nairobi. The USAMRU-K primary lab and administrative hub are located at the Kenya Medical Research Institute (KEMRI) in Nairobi, but it also has field labs established in collaboration with KEMRI in Kericho and Kisumu. USAMRU-K is commanded by an active-duty US Army colonel and staffed by 11 active-duty military personnel, 1 Department of Army civilian, and 305 contract employees. Of this staff, 1 is active-duty military (program director), and 23 provide in-country technical assistance to the KDF PEPFAR program. USAMRU-K also works closely with the Kenya US Liaison Office (KUSLO). The KUSLO is the US military liaison to the government of Kenya and is a USAFRICOM field office that coordinates US security assistance programs and USAFRICOM contingency operations and training exercises in Kenya. Though not involved in the day-to-day management of the PEPFAR program, the KUSLO assists in coordinating higher level meetings with the KDF, ensuring Combatant Command goals and objectives are met. In addition, formal byplay is achieved with the US Embassy DAO.



USAMRU-K PEPFAR activities are supported by US-based staff at WRAIR Headquarters and its USMHRP in both technical and administrative operations. Additional technical support is provided by DHAPP staff members working in collaboration with USAMRU-K and USMHRP. In country, USAMRU-K participates as part of the USG PEPFAR team along with CDC, USAID, Department of State, and the Peace Corps in setting USG strategic objectives and in the development of the annual COP through which PEPFAR funds are solicited. USAMRU-K also participates, and in some instances leads, PEPFAR USG technical working groups, which inform program area-specific planning, activity monitoring, and COP development.

USAMRU-K also works directly with the KDF in the execution and implementation of PEPFAR-supported activities. This close collaboration

**39,029** military members and their families were reached with comprehensive prevention messages.

ensures activities with the KDF under PEPFAR meet overall PEPFAR strategic goals. This is achieved through the joint development by USAMRU-K and the KDF of an annual HIV document referred to as the KDF HIV Work Plan. This work plan is informed through a strategic review of the strengths, weaknesses, challenges, and achievements of the prior year's work plans in light of all available resources. After these elements are fully considered, solutions are developed to address weaknesses and challenges, while expansion and exploitation of the program's strengths are strategically planned for the following year's work plan, leveraging

both PEPFAR and KDF resources as part of one effort. In addition, all planning is conducted and harmonized with Kenya's strategic goals as outlined in the Kenya National AIDS Strategic Plan. This is to assure that the KDF program is in step with the needs, focus, and priorities of the host country's HIV health care standards and practices as well as prevention goals.

## OUTCOMES & IMPACT

### Prevention and Health System Strengthening

The KDF continued to provide significant results across all areas in prevention, care, and treatment of HIV. In FY12, 39,029 military members and their families were reached with comprehensive prevention messages. With indicator guidance from PEPFAR, the Government of Kenya and its implementing partners have ramped up evidence-informed behavioral interventions so results are similar to previous years' results (with the exception of FY11). During the reporting period, 2,766 women were provided with PMTCT services at 16 sites. Of the women tested in the PMTCT setting, 94 were provided with a complete course of ARV prophylaxis.

Nineteen (19) HTC centers provided HIV testing for KDF personnel. By the end of the reporting period, the KDF HIV program had reached 14,837 individuals with HTC services. One challenge has been due to the Somalia excursion of the KDF troops, leading to decrease in numbers from FY11. Additionally, 118 males received VMMC.



Additionally, 3 representatives from the KDF and 4 members of the US military in Kenya attended IMilHAC in May 2012.

## Care

Nine (9) service outlets provided HIV-related palliative care to military members and their families. During the year, 3,318 individuals were enrolled into HIV care in the KDF HIV program, 2,555 individuals received at least 1 clinical care service, and all of them received cotrimoxazole prophylaxis as well as screening for TB. A total of 134 individuals who attended HIV care/treatment services received treatment for TB.



## Treatment

During FY12, 9 outlets provided ART services to KDF personnel and their families. Two hundred eighty-nine (289) individuals were newly started on ART during the reporting period. At the end of the reporting period, 2,162 individuals were considered current clients receiving ART.

## Proposed Future Activities

Ongoing successful KDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted by the Embassy to the Kenyan Country Support Team and were included in the FY13 COP. In addition to the study protocols which are being planned in collaboration with the KDF, we will continue to expand our Total Quality Management plan to assure accurate data and improved health care. Given the fiscal constraints within PEPFAR at the National level, sustainability is extremely important. USAMRU-K and the KDF will initiate a three year “sustainability” plan to assure continuity of HIV care for soldiers and dependents.





# Rwanda



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## BACKGROUND

### Country Statistics

The estimated population of Rwanda is 11.7 million people, with an average life expectancy of 58 years. English, French, and Kinyarwanda are the official languages of Rwanda, which has an estimated literacy rate of 71%, slightly unevenly distributed between men and women. Rwanda is a poor rural country, with the majority of the population engaged in subsistence agriculture and some mineral- and agro-processing. It is the most densely populated country in Africa and is landlocked, with few natural resources and minimal industry. Primary foreign exchange earners include tourism, minerals, coffee, and tea, although mineral exports decreased by 40% in 2009–10 due to the global economic downturn. The country has made substantial progress in rehabilitating the economy to its pre-1994 levels, rebounding to an average annual growth of 7–8% since 2003. Economic growth is recovering with help from the services sector, and inflation has been curbed. The GDP per capita is \$1,400.



### HIV/AIDS Statistics

The HIV prevalence rate in Rwanda's general population is estimated at 2.9%. Rwanda has approximately 210,000 PLHIV (UNAIDS website, February 2013). The primary identified risk factor in the population is unprotected heterosexual contact. Several risk groups were identified for new infections, according to the UNAIDS *AIDS Epidemic Update 2009*, including sex workers, their clients, and men who have sex with men.

### Military Statistics

The Rwanda Defense Force (RDF) is estimated at approximately 33,000



members. Rwanda expends 2.9% of the GDP on military expenditures. A seroprevalence study was conducted in the RDF and analysis was completed in 2010. Data have not been publicly released; the final report was sent to the RDF.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The RDF HIV/AIDS program is a collaborative effort between the RDF, the DAO, PSI, Charles R. Drew University of Medicine and Science Center for AIDS Research, Education and Services (Drew CARES), and DHAPP. In FY09, Jhpiego (a Johns Hopkins University affiliate) joined the RDF as a partner. Working in the DAO, an in-country program manager coordinates activities between the implementing partners and the RDF.

## OUTCOMES & IMPACT

### Prevention

During FY12, Drew CARES and PSI worked with the RDF on HIV prevention education. In addition to sexual prevention, PSI also addresses gender-based violence, alcohol reduction, stigma, and discrimination, and encourages the importance of getting tested for HIV. Drew CARES and PSI/Rwanda conducted trainings in BCC for soldiers and surrounding communities in collaboration with the Directorate of Medical Services reaching military anti-AIDS club members (military, civilian, and commercial sex workers club members). In total, 72,692 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the PEPFAR standards.

A total of 2,561 pregnant women were tested for HIV and received their results. In FY12, 89 HIV-positive pregnant women were provided with ART prophylaxis. One hundred twelve (112) individuals were provided with postexposure prophylaxis (PEP). It is considerably challenging to provide PEP to rape and sexual assault victims since many victims do not report to health facilities until 48 hours after the incident, which is the time limit required for PEP administration.

A total of 3,884 PLHIV were reached with PwP interventions, which were carried out at both fixed health care facilities and through mobile team care units. Other prevention services included HTC, and 36,076 individuals were tested and received their test results in FY12. PSI and Drew CARES supported the RDF through technical support for mobile HTC services and quality assurance measures.

To increase RDF's capacity to deliver VMMC services, 34 health providers were trained in VMMC. A total of 16,869 males were circumcised as part of the HIV prevention services provided in FY12 with support from Jhpiego and Drew CARES. The majority of males were between the ages of 15 and 24 years of age. The VMMC service delivery strategy focuses on site strengthening, mini campaigns, army week, and VMMC weekend and outreach activities for clients



in hard-to-reach areas using mobile teams, and implementing the MOVE approach (models for optimizing volume and efficiency).

### Care

A total of 3,884 eligible adults and children received at least 1 clinical service supported by Drew CARES. The clinical care services include, but are not limited to, medical consultation, general evaluation, WHO staging, and provision of OI prophylaxis medication to all HIV/AIDS patients as stipulated by the new national protocol of HIV/AIDS care and treatment. In this reporting period, a total of 3,830 persons received cotrimoxazole prophylaxis.

Drew CARES is supporting Kaduha Military Hospital by providing nutritional support to HIV-positive pregnant women, and in FY12, 157 HIV-positive pregnant/lactating mothers received food and/or other nutritional services.

### Treatment

During FY12, 268 individuals were newly started on ART, and 3,384 individuals with advanced HIV infection were currently receiving ART. Apart from ART delivery at the facility level, mobile clinic activities continued to ensure that those in hard-to-reach areas receive care and treatment, including ART, psychosocial support, counseling, and lab tests.

### Other

A total of 236 health care workers completed in-service training programs and Drew CARES is supporting 8 RDF laboratories with the capacity to perform clinical laboratory tests.



A DHAPP staff visit occurred in FY12 to provide technical assistance to the RDF's HIV program. DHAPP is working with the military to publish the seroprevalence data and the behavioral data from the 2010 study. Additionally, a PEPFAR Rwanda portfolio review meeting took place with participation from DHAPP HQ and field staff.

Three (3) members of the RDF, 1 member of the US military in Rwanda, and 2 DHAPP field staff attended IMilHAC in May 2012, and 1 trainee from the RDF participated in the MIHTP course in San Diego.

### Proposed Future Activities

Continued HIV programming for RDF members was proposed by the Embassy to the PEPFAR Rwanda Country Support Team. All proposed activities were included in the FY13 COP. Additional funding has been requested for VMMC programming in Rwanda using surgical and PrePex devices.



# South Sudan

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## BACKGROUND

### Country Statistics

Sudan has been engaged in two prolonged periods of conflict (1955–1972 and 1983–2005). A separate conflict, which broke out in the western region of Darfur in 2003, has displaced nearly 2 million people and caused an estimated 200,000 to 400,000 deaths. Armed conflict, poor transportation infrastructure, and lack of government support have chronically obstructed the provision of humanitarian assistance to affected populations. A Comprehensive Peace Agreement was signed in January 2005 and a referendum was held in January 2011, which indicated overwhelming support for independence for southern Sudan. Independence was attained 9 July 2011. Since its independence, South Sudan has struggled with good governance and nation building, while attempting to control rebel military groups operating within its borders.

The estimated population of South Sudan is 10.6 million people. Arabic and English are the official languages, and the estimated literacy rate is 27% (male: 40%; female: 16%). Industry and infrastructure remain severely underdeveloped in South Sudan.

The vast majority of the population engages in subsistence agriculture for a living, although the country is rich in natural resources. South Sudan produces nearly three quarters of the former Sudan's total oil output and is the major source of revenue for the country. The Government of South Sudan set a target for economic growth of 6% for 2011, and 7.2% in 2012. However, economic conditions have deteriorated since January 2012, following the government's decision to shut down oil production as a result of bilateral disagreements with Sudan. This resulted in a 55% decline in GDP in 2012, and annual inflation peaked at 79% in May 2012. The Central Bank of South Sudan recently issued a new currency, the South Sudanese Pound.





## HIV/AIDS Statistics

The estimated HIV prevalence rate in South Sudan's general population is 3.1%, with approximately 310,000 people living with HIV/AIDS (UNAIDS website, February 2013). According to the UNAIDS *AIDS Epidemic Update 2009*, epidemics in the Middle East and North Africa are typically concentrated among injection drug users, men who have sex with men, and sex workers and their clients. Exceptions to this general pattern include South Sudan, where transmission is also occurring in the general population. Very little information is known about risk factors in this population.

## Military Statistics

The Sudan People's Liberation Army (SPLA) plays a central role in the government, with influence extending through all layers of a highly militarized society. The exact SPLA troop and prevalence numbers are unknown at this time. It is estimated that the SPLA may comprise 140,000 troops. Two (2) BBSSs were conducted in 2010 and found an HIV prevalence of 5.0% in the SPLA. SPLA personnel may be at higher risk for infection because of their history as an irregular or rebel force, with limited access to medical or HIV preventive services, and low education and literacy levels.

The SPLA plays a significant role in efforts to reduce the impact of HIV in South Sudan. SPLA soldiers come from all over South Sudan, as well as some transitional areas in the north. Many of these soldiers will return to their home areas after demobilization. Therefore, as the SPLA creates an effective HIV program, adopting proven and progressive models from other settings, the benefits will extend well beyond the ranks of military personnel and their families.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff are active members of the Country Support Team and continue to work with CDC and USAID in engaging the SPLA. A DHAPP/PEPFAR Program Manager was hired in FY12 to help coordinate the DoD program. RTI International is an implementing partner for DHAPP and the SPLA.



As part of its overall strategy to promote peace-building efforts, the USG supports SPLA initiatives to reduce size as part of postconflict demobilization, reintegrate former combatants into civilian life, and develop remaining troops into a professional military force. The USG supports the institutional development of the SPLA through IntraHealth International. IntraHealth helps implement prevention activities in support of the SPLA's response to HIV/AIDS.



## OUTCOMES & IMPACT

### Prevention and Other

DHAPP staff participate in South Sudan's Country Support Team activities and work with CDC and USAID as part of the USG PEPFAR team.

In FY12, study results from the 2011 BBSS conducted in Western Equatoria were presented to SPLA senior leadership. The BBSS specifically gathered information on HIV knowledge and attitudes and high-risk sexual behaviors among the SPLA.

Three (3) representatives from the SPLA attended IMilHAC in May 2012.

### Proposed Future Activities

In FY13, DHAPP and implementing partners will continue to work with the SPLA on a comprehensive program in HIV prevention, care, and treatment.





# Tanzania



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## BACKGROUND

### Country Statistics

Tanzania's estimated population is 47 million people, with an average life expectancy of 53 years. Kiswahili, Swahili, and English are the official languages of Tanzania, which has an estimated literacy rate of 69%, unevenly distributed between men and women. Tanzania is one of the poorest countries in the world in terms of per capita income, but it averaged 6% GDP growth annually between 2009–12 due to high gold production and tourism. The economy depends heavily on agriculture, which accounts for more than a quarter of the GDP, provides 85% of exports, and employs roughly 80% of the workforce. Growth in the private sector and in investments has been fueled by banking reforms, and the government has increased spending on agriculture to 7% of its budget. The GDP per capita is \$1,700.



### HIV/AIDS Statistics

The HIV prevalence rate in Tanzania's general population is estimated at 5.8%, with approximately 1.6 million PLHIV (UNAIDS website, February 2013). Prevalence rates are higher in urban than in rural areas, and women are more severely affected than men. Identified significant risk factors include high-risk heterosexual contact and contact with sex workers.

### Military Statistics

The size of the Tanzanian People's Defense Force (TPDF) is approximately 35,000. Information regarding HIV prevalence in the military is not available. Tanzania expends 0.2% of the GDP on military expenditures.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The TPDF's HIV/AIDS program works in collaboration with PharmAccess International (PAI) as an implementing partner funded by WRAIR. WRAIR programs in Tanzania are directed by a US Department of Army civilian with attaché status hired under the Division of Retrovirology who reports directly to the Ambassador of the US Embassy in Dar es Salaam. WRAIR's primary administrative and contracting hub is located in Silver Spring, Maryland, and Fort Detrick in Fredrick, Maryland, respectively, with the Department of Army civilian providing direct oversight of program progress on the ground. WRAIR works closely with the DAO at the US Embassy. Though not involved in the day-to-day management of the PEPFAR program, DAO staff assist in coordinating higher level meetings with the TPDF, ensuring goals and objectives of the Combatant Command are met.

PAI is an NGO based in the Netherlands and has more than 15 years of experience working on comprehensive, workplace HIV programs in Africa, and over 5 years working with the TPDF. Through a grant issued by the US Army Medical Research Acquisition Activity based at Fort Detrick, PAI provides not only managerial and fiscal oversight of the program but also focuses technical assistance on both clinical and behavioral interventions for the TPDF.

WRAIR PEPFAR activities are further supported by US-based staff at WRAIR Headquarters (HQ) and USMHRP under the Division of Retrovirology in both technical and administrative areas. Additional technical support is provided by USMHRP staff located in Kenya and DHAPP staff members working in collaboration with USMHRP. In country, WRAIR participates in PEPFAR Technical Working Groups along with CDC, USAID, Department of State, and the Peace Corps, participating in the development of the annual COP through which PEPFAR funds are solicited. Through this coordination, WRAIR also ensures activities with the TPDF funded by PEPFAR meet overall USG PEPFAR strategic goals.

## OUTCOMES & IMPACT

### Prevention

The TPDF HIV/AIDS program targets all 5,000 recruits, 30,000 military personnel, 90,000 dependents, in all 5 TPDF zones, and 80,000 civilians living near the military camps and hospitals. During FY12, the TPDF program reported outstanding results across all areas in prevention, care, and treatment of HIV. During the year, 61,007 individuals were reached with small-group prevention interventions that are based on evidence and meet the minimum PEPFAR standards required. Additional prevention interventions reached 26,705 individuals and were primarily focused on abstinence and/or being faithful. The focus group for the abstinence and/or being faithful interventions was mainly in-school youth (ages 10–14 years). Schools are located in the barracks, and the target group was Army families.



**40,838** persons  
were tested for HIV and  
received their results.

In FY 2012, the TPDF prevention program provided PMTCT services in all 40 sites. The aim is to scale up in all 55 sites that currently provide HTC services, but the biggest challenge is staffing. Of the 8,726 women tested in the PMTCT setting, 663 were provided with a complete course of ARV prophylaxis. The TPDF and the National Youth Service have a network of military hospitals, health centers, and dispensaries throughout the country, supporting over 35,000 enlisted personnel and an estimated 60,000–90,000 dependents. Eight (8) hospitals and 32 health centers currently provide PMTCT services. Quality of PMTCT services, including early infant diagnosis, has improved through training of medical officers, midwives, nurse counselors, and laboratory staff using the 2-week national curriculum. PAI staff and TPDF HQ staff visit all PMTCT sites 2–4 times per year for supportive supervision purposes and to monitor data collection. Data are collected both electronically and via paper-based tools (patient-based registers and monthly summary forms).

As part of a comprehensive prevention strategy, VMMC services were initiated in FY10 and continued in FY11 and FY12; 7,145 men had received VMMC services by the end of FY12. The Ministry of Health and Social Welfare (MOHSW) prioritized the scale up of VMMC services in 8 priority regions based on high HIV prevalence and low male circumcision rates, including Iringa, Mbeya, Rukwa, Kagera, Mara, Mwanza, Shinyanga, and Tabora. Medical staff from Shinyanga, Mwanza and Tabora Military Hospitals were trained and future consideration will include expanding services and trainings to other military hospitals and National Service recruit training camps. In FY12, PAI managed to increase VMMC sites to 6 from 3 in 2011. The new sites were selected in collaboration with the Ministry of Health and Social Welfare VMMC program. Training of 36 VMMC providers (clinicians and nurse counselors) was conducted in October 2011 and August/September 2012, in collaboration with IntraHealth International and Jhpiego.

Fifty-three (53) HTC clinics provided testing for TPDF personnel and 4 new sites were added during the reporting period. In FY12, 68% of patients at the TPDF hospitals were civilians living in the vicinity of the health facilities, and 40,838 persons were tested for HIV and received their results. All persons who came for HTC were extensively informed about HIV prevention, both in pre- and post-test counseling sessions. All HTC and care and treatment sites are equipped with televisions and DVD players, and HIV awareness films are played almost continuously. Provider-initiated HTC has replaced voluntary HTC, in accordance with the MOHSW HTC guidelines. Nurse counselors from all sites and volunteers from the 8 hospitals have been trained to do home visits to discuss HIV prevention and offer HTC to relatives of HIV-positive patients. Monthly post-test clubs have been organized by 8 military hospitals. Teams of experts from TPDF HQ and Lugalo Hospital are almost continuously on the road to support the sites when there are breakdowns of equipment, for on-the-spot training (lab, stock management, and monitoring and evaluation), and otherwise improving quality of services.



## Care and Treatment

There were 27 TPDF care and treatment sites. Additional sites are expected since sites have to be equipped, need sufficient staff, and have to function in accordance with the minimum standards, curricula, and guidelines of the National HIV/AIDS Care and Treatment Plan, before they are approved as CT centers; 12,447 HIV-positive adults and children received a minimum of 1 clinical service, and 10,972 patients received cotrimoxazole prophylaxis. In addition, 5,884 PLHIV were reached with a minimum package of PwP interventions. Most TB infected or suspected patients are referred to better equipped regional or district hospitals, so only 2% of HIV-positive patients in HIV care or treatment (pre-ART or ART) were started on TB treatment. TPDF male personnel with TB are usually treated at TPDF referral clinics.

In FY12, 3,486 adults and children with advanced HIV infection were newly enrolled on ART, and, at the end of reporting period, 7,671 patients were on ART. In FY12, 55 facilities had the capacity to perform clinical laboratory tests. The plan is to enroll more labs on the stepwise assessment and endorsement process to conform to national and WHO ISO lab standards.

Toward the goal of health system strengthening, 378 health care workers successfully completed in-service training in HTC, PMTCT, pediatric care and treatment, TB/HIV harmonization, laboratory, and monitoring and evaluation. All trainings are according to the guidelines and curricula of the National HIV/AIDS Care and Treatment Plan and other national programs. Additionally, 3 representatives from the TPDF attended IMilHAC in May 2012.

## Proposed Future Activities

Ongoing successful TPDF and partner programming will continue to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted to the PEPFAR Tanzania Country Support Team and were included in the FY13 COP.





# Uganda



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## BACKGROUND

### Country Statistics

The estimated population of Uganda is 33.6 million people, with an average life expectancy of 53 years. English is the official language of Uganda, which has an estimated literacy rate of 67%, unevenly distributed between men and women. Uganda has substantial natural resources, including regular rainfall, fertile soils, deposits of copper and gold, and recently discovered oil. Coffee accounts for the majority of export revenues. Uganda's exports were affected by the global economic downturn, however, the country's GDP growth has largely recovered as a result of past reforms and sound economic management. Agriculture is the most important sector of the economy, employing over 80% of the workforce. The GDP per capita is \$1,400.



### HIV/AIDS Statistics

The HIV prevalence rate in Uganda's general population is estimated at 7.2%, with a total of approximately 1.4 million PLHIV (UNAIDS website, February 2013). Identified significant risk factors include high-risk heterosexual contact with multiple partners and STIs. In Uganda, according to the UNAIDS *AIDS Epidemic Update 2009*, people in serodiscordant, monogamous relationships were estimated to account for 43% of incident infections in 2008. Also, an estimated 46% of new HIV infections in Uganda occurred among people with multiple sexual partners and the partners of such individuals.

### Military Statistics

The Uganda Peoples Defense Force (UPDF) consists of approximately 45,000 active-duty members. Uganda expends 2.2% of the GDP on the military. A



seroprevalence and behavioral survey was conducted among the UPDF, and results from the survey including behavioral data are guiding prevention interventions.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The UPDF HIV/AIDS Control Program is a collaborative effort between the UPDF, the DAO at the US Embassy in Kampala, DHAPP, the University of Connecticut Center for Health, Intervention, and Prevention (CHIP), RTI International, and NAMRU. An in-country program manager who works out of the DAO oversees the day-to-day operations of the program, including oversight of the implementing partners.

### Foreign Military Financing Assistance

Uganda was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2006, and 2007. Related authorizations were released for execution in 2005, 2007, and 2010 (×2), respectively. The 2003 funding was fully employed for hematology and chemistry analyzers and supporting supplies, reagents, and accessories. The 2004 funding was fully employed for hematology and chemistry analyzers, minor equipment, and cytometer reagents/supplies. The 2006–7 funding has been fully employed for supporting material and equipment maintenance.

33,770

individuals were reached with preventive Interventions.

## OUTCOMES & IMPACT

### Prevention

The UPDF HIV/AIDS prevention program has an extensive health education network that extends to lower level army units such as brigades and battalions. Program activities also extend to the community level surrounding the barracks where soldiers commonly interact and enter into sexual relationships that are likely to increase risk of HIV infection. A comprehensive HIV prevention package addresses behavior change, availability of HTC services, and management of STIs. During FY12, 33,770 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet PEPFAR standards. The UPDF has ensured that condoms continue to be part of the military kits for soldiers.

The overall goal of the PwP program is to identify HIV-positive individuals early, as well as their sexual partners and family members, to reduce sexual and prenatal transmission of HIV and provide comprehensive prevention interventions and treatment for the identified HIV-positive individuals. The program is implemented in collaboration with CHIP and the Bombo Military Hospital HIV/AIDS clinic. Elsewhere, it is implemented by UPDF counselors. The program is health facility-based, but in some cases, community home visits are conducted for ambulatory patients. In all ART sites, HIV prevention



messages and services are delivered as part of the routine care of patients seeking HIV care and treatment services. Similarly, the messages are delivered to patients accessing TB care and PMTCT services. The following comprehensive package of HIV prevention services and/or referral to other facilities is offered: HIV testing of sex partners and family members, support of disclosure of HIV test results to sex partners and family members, alcohol use assessment and counseling, syndromic management of STIs, prevention of unwanted pregnancy in HIV-positive women, condom promotion and distribution, and adherence counseling and support. In total, 24,654 PLHIV were reached with PwP interventions.

Fourteen (14) service outlets provide PMTCT services for the UPDF. There were 4,898 women who were provided with these services in FY12, including counseling and receipt of their HIV test results. Of those women, 535 received ARVs to reduce the risk of mother-to-child transmission. PMTCT service outlets are also used to identify discordant couples and emphasize linkage to clinical services for testing and treatment. In collaboration with the MOH, the UPDF trainers conducted two 5-day trainings on new PMTCT guidelines that were being rolled out in the country. A total of 62 health care workers were trained. To ensure PMTCT messages reached the target groups including men, weekly community dialogue meetings within the military bases and an “HIV awareness week” were carried out. Continuous education and mentorship on early infant diagnosis for health care providers were conducted in military units.

**14** PMTCT service outlets.

**4,898** women were provided with PMTCT services.

**535** were given a complete course of ARV prophylaxis.

Eighteen (18) HTC centers have been established, covering all of the major military bases, with 46,361 persons tested in FY12. Health care providers were trained and mobile HTC units reached UPDF personnel with prevention messages and HTC services. The HTC program is directly linked to palliative care, including drugs for OIs, and provides services for HIV-infected military personnel and family members.

This reporting period has been one of scale up of VMMC services in the UPDF. VMMC commodities such as tents for operations, vehicles, surgical equipment, and surgical kits were provided, which resulted in expansion of VMMC services to 8 static clinics and 3 mobile units. In FY12, 16 UPDF counselors received training in VMMC-specific counseling and 49 VMMC surgeons and assistants were also trained. VMMC data tools were developed and commander mobilization and sensitization for VMMC was also carried out. VMMC services were provided across the country in the underserved and hard-to-reach areas, and 10,259 men received VMMC services from both static and mobile VMMC units.

Postexposure prophylaxis (PEP) service windows are now available at UPDF sites for individuals who come in contact with blood, including combat-related exposure. The service is available for health care workers receiving accidental needle-stick injuries, military occupational hazards, and survivors of gender-



based violence. PEP has been expanded to health facilities in combat operation areas, where military personnel can potentially be exposed to blood and policy supports PEP as an essential component of combat kits. During the reporting period, 104 persons were provided with PEP and the majority of them were combat related. The most common reason among health care workers for using PEP is needle-stick injury.

## Care

Fifteen (15) service outlets provide palliative care services for the UPDF, their families, and civilians in the surrounding communities. During FY12, 24,655 eligible adults and children were provided with a minimum of 1 care service. Focus was on improving the quality of patient care and monitoring of patients in the ART clinics. Health care providers received clinical mentorship on different aspect of patients' care during routine monthly technical support visits to the facilities. Twenty-eight (28) health care providers were trained in pediatric HIV care. Expansion of HTC services for children and strengthening linkage to care have led to increased numbers of children accessing HIV care. During FY12, facilities were supported to strengthen screening and management of TB among HIV-positive patients and of HIV among TB patients. Emphasis was placed on building the capacity of health care workers through onsite mentoring, provision of standard operating procedures, and the updated national TB management guidelines. The number of HIV patients screened for TB increased during FY12 compared with the previous year. A total of 253 health workers in the facilities received orientation on the new guidelines for diagnosis and management of multidrug-resistant tuberculosis (MDR-TB). The facilities have also been supported to collect and transport MDR-TB suspect samples to the central laboratory for diagnosis.

Military facilities supported OVC in Kakiri, Mubende, Ntungamo, and Kyankwanzi barracks. The UPDF enrolled and provided support to 300 OVCs in at least three core program areas, including health, education, food security and nutrition, socioeconomic security, and psychosocial support.

## Treatment

ART is provided through PEPFAR and the Global Fund support at 15 UPDF sites, with 13,193 individuals currently receiving ART. During FY12, 1,817 individuals were newly initiated on ART. Early ARV initiation and patients' monitoring was promoted by supporting facilities to conduct CD4 testing as well as collect and transport blood samples to the central laboratory for CD4 testing. Laboratory personnel in Mbarara, Moroto, Acholi-Pii, and Nakasongola military hospitals that had PointCare NOW CD4 machines recently installed receive monthly technical support from laboratory specialists.

Together with their implementing partners, the UPDF continued to provide the following services: screening for malaria, HTC, full blood count, chemistry analysis, baseline CD4 testing, and CD4s for patient monitoring. The laboratory services have benefited all patients, regardless of their HIV status, thus improving the general quality of health care at the supported facilities.



## Other

Four (4) members of the UPDF and the 2 DHAPP Program Managers attended IMilHAC in May 2012. Two (2) UPDF HIV/AIDS program data managers attended a data analysis and dissemination techniques workshop hosted by DHAPP in San Diego in October 2012.

Developing a national military eHealth program is a goal of the UPDF. Leadership met with DHAPP at IMilHAC in May 2012 to further the dialogue on health program improvements and development of a Military eHealth Information Network (MeHIN). The agreement to move forward with MeHIN for the UPDF constituted a major step toward commitments to strengthen the health system through use of data and information communication technologies.



## Proposed Future Activities

Ongoing successful UPDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. All proposed activities were submitted by the US Embassy to the Uganda Country Support Team and were included in the FY13 COP. The UPDF and DHAPP made plans to complete a MeHIN technical assessment to meet the goals of UPDF military medical readiness at HIV clinical care facilities in FY13.





# Union of Comoros

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## BACKGROUND

### Country Statistics

The Union of Comoros is a group of islands at the northern end of the Mozambique Channel in Southern Africa. The country is composed of three islands: Grande Comore, Moheli, and Anjouan. The estimated population of Comoros is 737,000 people, with an average life expectancy of 63 years. Arabic and French are the official languages of Comoros, which has an estimated literacy rate of 75%, unevenly distributed between men and women. Comoros achieved independence from France in 1975. Since then, more than 20 coups and secession attempts have occurred. In 1999, the Comoros Army took control of the government and negotiated a power-sharing agreement known as the 2000 Fomboni Accords. A military operation took place in March 2008 when the African Union coalition forces and Comoran soldiers seized the island. The GDP per capita is \$1,300. Export income relies heavily on vanilla, cloves, and ylang-ylang, although agriculture, including hunting, fishing, and forestry, contributes 40% to the GDP and employs the majority of the workforce. The GDP grew only 2% from 2010–12, up from 1% from 2006–09. Challenges continue with upgrading education and technical training, privatizing commercial and industrial enterprises, improving health services, diversifying exports, promoting tourism, and reducing the high population growth rate.



### HIV/AIDS Statistics

The current HIV prevalence rate in the Comoran general population is estimated at 0.1%, with fewer than 500 PLHIV (UNAIDS website, February 2013).



## Military Statistics

The Comoros Army of National Development (CAND) is composed of approximately 1,900 members from security forces and federal police. Comoros maintains a defense treaty with France, which provides training of Comoran military personnel, naval resources for protection of territorial waters, and air surveillance. HIV prevalence in the military is unknown. Comoros allocates 2.8% of the GDP for military purposes.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff members have been collaborating with the CAND and the DAO at the US Embassy in Moroni on an HIV/AIDS program.

## OUTCOMES & IMPACT

In FY12, 1,233 military personnel received HTC services in Anjouan and Moheli. A total of 197 pregnant women know their HIV status and of these, 1 HIV-positive pregnant woman received ARVs to reduce the risk of mother-to-child transmission. One hundred eight (108) males were circumcised as part of an HIV prevention service.

The military health service laboratory is supported by the PEPFAR program and has the capacity to perform clinical laboratory tests. DoD supported lab procurement of a CBC machine and rehabilitated existing lab infrastructure. One (1) laboratory technician successfully completed an in-service training in laboratory practice and techniques at IDI in June 2012.

One (1) member of the CAND and the DHAPP Program Manager attended IMilHAC in May 2012.

### Proposed Future Activities

Continuation of prevention services are planned for FY13, including HTC as well as continued support for local training on lab equipment and sensitization of activities.







# North Region



# Morocco



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## BACKGROUND

### Country Statistics

Morocco has a population of 32.3 million, with a life expectancy of 76 years. Arabic is the official language and the literacy rate is 56%, unequally distributed between men and women. Key areas of the economy include agriculture, tourism, phosphates, textiles, and apparel. Morocco is the only African country to have a bilateral Free Trade Agreement with the United States. Morocco has made economic progress, but it still faces high unemployment and poverty, particularly in rural areas. In 2011 and 2012, high fuel prices increased the country's deficit and negatively impacted the government's budget. Long-term economic challenges include reforming the education system, the judiciary, the government's costly subsidy program, and fighting corruption. The GDP per capita is \$5,300.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in Morocco's general population is 0.2% among adults 15–49 years of age. The estimated number of PLHIV in 2011 was 32,000 according to UNAIDS (UNAIDS website, February 2013). Higher rates of HIV among sex workers and individuals living in the Souss-Massa region provide evidence of a concentrated epidemic, according to the *UNGASS Morocco 2008 Country Situation*

*Analysis*. According to the UNAIDS *AIDS Epidemic Update 2009*, Morocco estimated that 4% of men who have sex with men and 6.5% of injection drug users are infected with HIV. There was a 24-fold rise in the number of people tested for HIV between 2001 and 2007—from 1,500 to 35,458.



## Military Statistics

The Moroccan Royal Armed Forces (MRAF) has an estimated 196,000 troops. The Royal Armed Forces comprises the Army (includes Air Defense), Navy (includes Coast Guard and Marines), and Air Force. Morocco allocates 5% of the GDP for the military. All new recruits are required to be tested for HIV.

### PROGRAM RESPONSE

#### In-Country Ongoing Assistance

The MRAF implemented a prevention program for its forces beginning in 1996. The MRAF, through its Health Inspection Division, has been able to sustain an HIV/AIDS prevention program with assistance from DHAPP and the OSC in Rabat.

**2,400**  
military personnel  
were reached with  
prevention  
interventions.

### OUTCOMES & IMPACT

#### Prevention and Health System Strengthening

During FY12, 2,400 military personnel were reached with prevention interventions. Ten (10) physicians and 40 peer educators were trained. Three (3) civilian educator experts assisted with providing physician and peer educator training. Reproduction of HIV awareness and education materials were provided for training purposes. The program targets young recruits for several reasons, including international assignments and frequent displacements. Additionally, 1 member of the MRAF and the OSC attended IMilHAC in May 2012.

In May 2012, DHAPP staff met with the OSC and the MRAF to discuss the progress of this collaboration and its future direction. It was decided that DHAPP's collaboration had progressed to a point where a long-term assisted strategy was no longer necessary. This conclusion was reached due to the advances in the MRAF's HIV prevention activities, along with the current HIV epidemiology in Morocco. It also was agreed that the relationship should continue, but be transformed into technical assistance from DHAPP.

#### Proposed Future Activities

A meeting occurred in January 2013 to discuss technical collaboration opportunities for the future between the OSC, MRAF, and DHAPP. Those opportunities are an ongoing discussion.





# Tunisia



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## BACKGROUND

### Country Statistics

The estimated population of Tunisia is 10.7 million people, with an average life expectancy of 75 years. Arabic is the official language of Tunisia, which has an estimated literacy rate of 74%, unevenly distributed between men and women. Tunisia's diverse, market-oriented economy is mainly composed of agricultural, mining, tourism, and manufacturing sectors. Key exports include textiles, food, and petroleum products, chemicals and phosphates, and the majority of these items are exported to the European Union. Historically, the GDP growth rates were steady at about 4%–5% per year, but in January 2011, the president was overthrown and the new government faces important challenges related to stabilizing the economy, including reassuring businesses and investors, bringing down high unemployment, and reducing economic disparities. The GDP per capita is \$9,700.



### HIV/AIDS Statistics

The HIV prevalence rate in Tunisia's general population is estimated to be less than 0.1%, with a total of approximately 1,700 PLHIV (UNAIDS website, February 2013). HIV prevalence rates among men who have sex with men, injection drug users, and sex workers are 4.9%, 3.1%, and 0.43%, respectively, indicating a concentrated epidemic.

### Military Statistics

The Tunisian Armed Forces, or Forces Armees Tunisiens, consists of approximately 36,000 active-duty members. Tunisia expends 1.4% of the GDP on military purposes.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The HIV/AIDS program in the Tunisian Armed Forces began in 2011. It is a collaborative effort between DHAPP, the OSC at the US Embassy through the Office of Humanitarian Assistance, and the Tunisian Armed Forces.

## OUTCOMES & IMPACT

### Prevention

Increasing HIV awareness and education among the military and youth was provided through activities on World AIDS Day. This occurred on December 1 at the opening of the new AIDS prevention and testing center built for the benefit of the Tunisian Association for the Prevention of AIDS and Sexually Transmissible Diseases. This center was funded by the DoD AFRICOM Humanitarian Assistance Program. DHAPP supported this opening by providing HIV education and prevention materials.

Support for improving military HIV training sessions included the purchase of audiovisual and computer equipment. Supplies for human papillomavirus and HIV screenings were also furnished.

### Proposed Future Activities

Future plans include the continued collaboration with the Tunisian Ministry of Defense to reinforce early detection of STI/HIV and to increase availability and distribution of the military's HIV awareness and prevention materials.







# South Region



# Botswana

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## BACKGROUND

### Country Statistics

The estimated population of Botswana is 2.1 million people, with an average life expectancy of 56 years. English is the official language of Botswana, but the vast majority of people speak Setswana. The country has an estimated literacy rate of 84.5%, evenly distributed between men and women. The GDP per capita is \$16,800.

Botswana has maintained one of the world's highest economic growth rates since achieving independence in 1966, though growth turned negative in 2009 when the industry fell almost 30%. Although the economy showed signs of recovery in 2010, growth has again slowed. Through fiscal discipline and sound management, Botswana has transformed itself from one of the poorest countries in the world to a middle-income country. Diamond mining has fueled much of the expansion and currently accounts for over one third of the GDP and over 70–80% of export earnings. An expected leveling off in diamond production in the coming decades overshadows long-term prospects, but a major international diamond company signed a 10-year deal with Botswana in 2012 to move its rough stone sorting and trading division to the capital, Gaborone, by the end of 2013. Tourism, financial services, subsistence farming, and cattle raising are other key sectors. According to official government statistics, unemployment was 17.8% in 2009, but unofficial estimates are higher.



### HIV/AIDS Statistics

The HIV prevalence rate in Botswana's general population is considered one of the highest in the world, estimated at 23.4%. There are approximately 300,000



PLHIV in Botswana (UNAIDS website, February 2013). Heterosexual contact is the principal mode of transmission. According to the *UNAIDS Report on the Global AIDS Epidemic 2010*, ART coverage exceeds 90%, and the estimated annual number of AIDS-related deaths has declined by more than half (from 18,000 in 2002 to 9,100 in 2009), while the estimated number of children newly orphaned by AIDS has fallen by 40%.

### **Military Statistics**

The Botswana Defense Force (BDF) is estimated to have 9,000 active-duty personnel. Botswana expends 3.3% of the GDP on the military. The BDF conducted a SABERS in 2009, and although the results were not made public, the study was completed and the BDF is using the findings to inform its prevention efforts and benchmark for measurement of trends.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

Through the OSC, 2 DHAPP in-country program staff work in collaboration with DHAPP Headquarters staff and the BDF. DHAPP staff are active members of the PEPFAR Botswana Country Support Team. They provided technical assistance in developing the BDF COP for FY13. PSI and Project Concern



International (PCI) are PEPFAR-funded implementing partners with the BDF on prevention activities and program monitoring and evaluation. Voluntary medical male circumcision (VMMC) has been endorsed and highly supported by the BDF. Current efforts emphasize training, commodities, mobile surgical space, and demand creation for VMMC. Vista Life Sciences is providing support in implementation of a Health Management Information System for VMMC and other prevention activities. The system will interface with the outpatient care system and provide reporting for the Government of Botswana.

### **Foreign Military Financing Assistance**

Botswana was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003, and the related authorization was released for execution in 2005. It has been fully employed for a cytometer, a chemistry analyzer, a PCR analyzer, an enzyme-linked immunosorbent assay machine, an incubator, rapid test kits, reagents, and laboratory supplies.



## OUTCOMES & IMPACT

### Prevention

The BDF's prevention program has many different aspects since it strives to provide comprehensive prevention efforts for its troops, family members, and civilians living near its bases. The BDF, with support from the DoD and PSI, reported reaching 6,545 individuals with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standards required. PSI and PCI continued to provide support for peer education programs in the BDF and to disseminate messages on VMMC, condom use, and multiple and concurrent partnerships to both the BDF troops and civilian employees and their spouses and family members. In FY12, 885 men were circumcised as part of the HIV prevention program. A total of 48 health care workers were trained. The 48 health care workers trained were BDF nurses, doctors and counselors and they were trained on MOVE (models for optimizing volume and efficiency), a safe male circumcision model. The training was done in collaboration with CDC through its partner, Jhpiego. HTC services are critical to the BDF's program, and in FY12, 5,697 individuals received HTC and received their results. A total of 7 outlets offer these services.



### Care and Treatment

The BDF supports 8 service outlets that provide palliative care and ART to its troops, family members, and their civilian neighbors. The number of BDF troops receiving palliative care and/or treatment services is classified. There are 4 testing facilities/laboratories with the capacity to perform clinical laboratory tests.

### Other

DHAPP continues to provide technical assistance to the BDF for the Military eHealth Information Network to enhance program monitoring and reporting capabilities for VMMC. DHAPP and Vista LifeSciences staff made a visit to Botswana in June 2012 to implement the system and provide training. DHAPP and Vista LifeSciences have successfully installed 85 user devices, a mobile netbook platform pre-loaded with an electronic medical record, and communication and productivity tools. Nine (9) BDF medical clinics now have secure network connectivity to enable telemedicine between BDF locations. In addition, the network connectivity provides Internet access for authorized medical staff to open-access medical journals and open educational resources. Clinical case counseling and a military medical journal club is envisioned for the future. The military electronic medical record provides efficient reporting, data quality, and operational management of the BDF VMMC program. DHAPP and the BDF are working together to hone best practices associated with good data management of electronic data tools, data use, security, policy, and governance.

Three (3) members of the BDF, 1 member of the US military in Botswana, and the DHAPP Program Manager attended IMiHAC in May 2012. Two (2) BDF



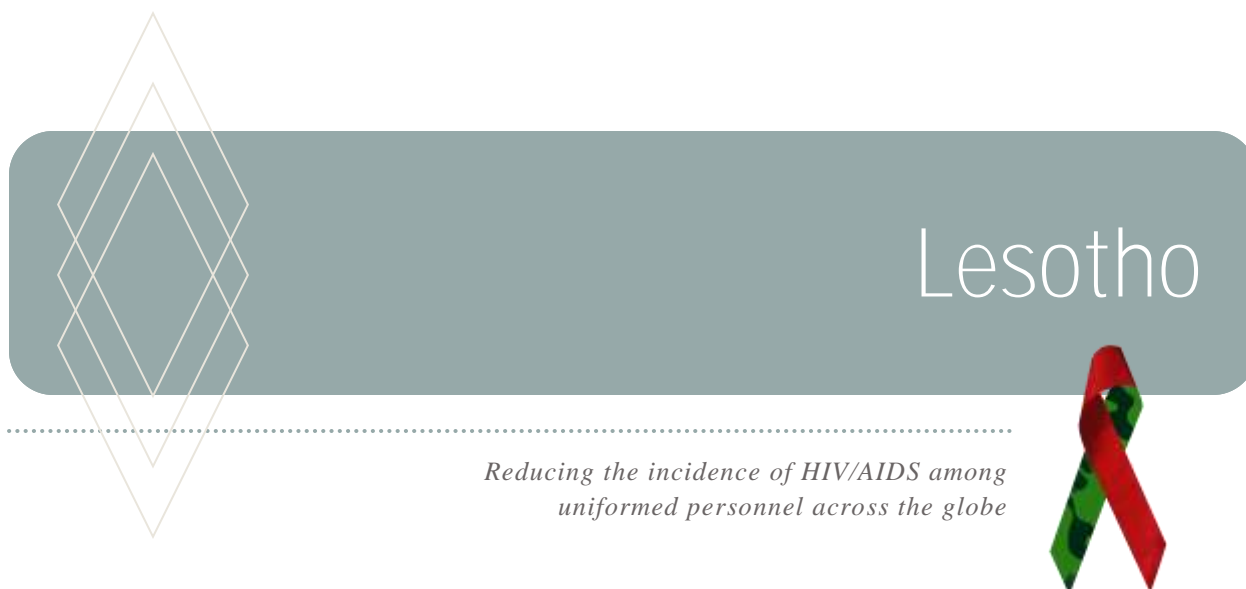
HIV/AIDS program data managers attended a data analysis and dissemination techniques workshop hosted by DHAPP in San Diego in October 2012.

### **Proposed Future Activities**

Continued comprehensive HIV programming for BDF members and their families was proposed to the PEPFAR Botswana Country Support Team. All proposed activities were included in the FY13 COP. Some of these activities include continuing prevention efforts, TB treatment training, and building electronic data management infrastructure for ART patients.







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## BACKGROUND

### Country Statistics

The estimated population of Lesotho is 1.9 million people, with an average life expectancy of 52 years. English and Sesotho are the official languages of Lesotho, which has an estimated literacy rate of 90%, unevenly distributed between men and women, with women having higher literacy rates (96%) than men (83%). The economy is still primarily based on subsistence agriculture, especially livestock, although drought has decreased agricultural activity. Lesotho's budget relies heavily on customs receipts from the Southern African Customs Union, however, the government recently strengthened its tax system to reduce dependency on customs duties. Economic growth slowed in 2009 due mainly to the effects of the global economic crisis, but growth exceeded 4% per year from 2010 to 2012. Growth is expected to increase further as a result of major infrastructure projects, although the country's weak manufacturing and agricultural sectors continue to limit growth. The GDP per capita is \$2,000.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in the Lesotho general population is 23.3%, one of the highest rates in the world, with approximately 320,000 PLHIV (UNAIDS website, February 2013).

### Military Statistics

The Lesotho Defense Force (LDF) is estimated at approximately 2,000 members. Lesotho expends 2.6% of the GDP on the military. HIV prevalence and behavior data for the LDF were presented during a stakeholder's workshop in August 2011.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff are active members of the PEPFAR Lesotho Country Support Team and have provided technical assistance in preparing the FY13 COP. In FY12, the in-country program manager oversaw programmatic activities and worked with the implementing partners. PSI began working with the LDF in 2005, with activities focusing on training peer educators among military personnel, prevention programs that emphasized HTC and correct and consistent condom use, and training HTC counselors. Vista LifeSciences was also an implementing partner in FY12.

**109** condom  
service outlets.

**1,842**  
PLHIV reached  
with PwP.

### Foreign Military Financing Assistance

Lesotho was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2006 and augmented in 2007, 2008, and 2009. Related authorizations were released for execution in 2008 (×2), 2009, and 2011, respectively. The 2006 funding was fully employed for a cytometer, chemistry analyzer, hematology analyzer, incubator, autoclave, centrifuge, and supporting laboratory supplies and reagents. The 2007–8 funding has been employed for a hematology analyzer, cytometers and a chemistry analyzer. In 2012, 60% of the 2009 funding was obligated for GeneXpert IV and PointCare NOW instruments.

## OUTCOMES & IMPACT

### Prevention

The LDF and PSI worked diligently on prevention efforts during the year, and 2,647 individuals were reached with small group-level interventions that are based on evidence and/or meet PEPFAR standards. There were 75 individuals trained in providing sexual and behavioral risk prevention interventions. The LDF has supported 109 condom service outlets over the duration of the program and 1 outlet providing PMTCT services. In total, 489 pregnant women know their HIV status, 41 of whom received ARVs to reduce the risk of mother-to-child-transmission. Twenty-two (22) individuals were provided with postexposure prophylaxis.

As part of prevention services, 3 outlets provided HTC services for military personnel. The mobile HTC unit went out several times during the year and was able to provide additional HTC services to sites outside of the 2 fixed outlets. A total of 1,423 individuals received HTC services and received their test results.

The voluntary medical male circumcision (VMMC) program was launched in September 2012, and 2 locations are currently providing these services. Eleven (11) men were circumcised and 28 individuals were trained in VMMC. DHAPP conducted a VMMC study in 2009 among LDF personnel and an article was



published in PloS ONE in November 2011. The study provided information regarding the prevalence of various types of VMMC being done in Lesotho, and it was used to inform planning the rollout of VMMC services.

## Care & Treatment

In FY12, 1,842 PLHIV were reached with a package of PwP interventions. One (1) service outlet provides ART for LDF members and their families. In addition, 4,448 eligible adults and children were provided with a minimum of 1 care service, and 4,350 HIV-positive adults and children received a minimum of 1 clinical service. In addition, 877 HIV-positive persons received cotrimoxazole prophylaxis. By the end of the year, 677 individuals were currently receiving ART. Eighty (80) adult clients were newly initiated on ART in FY12. Currently, 1 laboratory has the capability to perform HIV testing and CD4 counts. Five (5) lab technicians were trained. Eighty-six (86) health care workers were trained in clinical care for PLHIV, 16 trained in care, and 14 were trained in ART.

## Other

Following WHO guidelines on Health Information Systems, the LDF is among the first to adopt the Military eHealth Information Network (MeHIN). Important MeHIN's technology platform is based on a mobile netbook computer. MeHIN provides LDF medical personnel with a comprehensive set of electronic tools to support HIV/AIDS program activities. Fully deployed modules include an electronic medical record from Vista LifeSciences to support ART, VMMC, and an integrated Laboratory Information System. New functionality will include PMTCT, HIV prevention, and TB. Benefits of the electronic system include access to patient data to enhance care and treatment service delivery, access to knowledge for treatment guidance, and electronic dissemination of HIV prevention content to improve the reach of HIV peer counselors. A data management policy has been developed to address best practice guidance for data quality, privacy, use, and preservation.

The San Marcos School of Nursing program continues to send nursing students and faculty to support fixed clinical sites and mobile outreach to LDF bases and surrounding civilian communities. The SABERS report was finalized in FY12 and data are actively being used to inform program activities. The construction of the TB facility is ongoing and progress is being assessed. Three (3) members of the LDF and the DHAPP Program Manager attended IMilHAC in May 2012.

## Proposed Future Activities

Continued HIV programming for LDF members was proposed by the Embassy to the PEPFAR Lesotho Country Support Team. All proposed activities were included in the FY13 COP. PSI is planning to make another procurement of military-specific condoms and PwP interventions will be continued. There are plans to start a military drama group for HIV education, as well as plans to implement VMMC demand creation activities. The LDF will hold leadership advocacy workshops and targeted workshops for women to support men for VMMC.



# Malawi



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## BACKGROUND

### Country Statistics

The estimated population of Malawi is 16.3 million people, with an average life expectancy of 52 years. Chichewa is the official language of Malawi, which has an estimated literacy rate of 75%, unevenly distributed between men and women. Landlocked Malawi ranks among the world's most densely populated and least developed countries. The economy is predominately agricultural, with the majority of the population living in rural areas. Agriculture accounts for over one third of the GDP and 90% of export revenues. Since 2009, Malawi has



experienced a few setbacks, including a general shortage of foreign exchange, which has damaged its ability to pay for imports, and fuel shortages that have hindered transportation and productivity. Investment fell 23% in 2009 and continued to fall in 2010. Donors suspended general budget support in 2011 due to a negative IMF review and governance issues, including unreliable power, water shortages, poor telecommunications infrastructure, and the high cost of services. The GDP per capita is \$900.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of Malawi is 10%, with approximately 910,000 PLHIV (UNAIDS website, February 2013). Most cases of HIV in Malawi are spread through multi-partner heterosexual sex. According to the UNAIDS *AIDS Epidemic Update 2009*, surveys confirm that in Malawi HIV prevalence is higher among adults in the wealthiest quintile than among those in the poorest quintile.

### Military Statistics

The Malawi Defense Forces (MDF) is estimated at approximately 7,000 members, according to DHAPP staff. Malawi expends 1.3% of the GDP on the military.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The MDF has established an HIV/AIDS coordinating team made up of MDF personnel. They work with Project Concern International (PCI), which provides prevention education. Personnel from the US Embassy, particularly the Political Officer and the Military Program Assistant, along with DHAPP staff, coordinate with the MDF and implementing partners. Jhpiego came on board in FY12 and supports the provision of VMMC services.

### Foreign Military Financing Assistance

Malawi was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2005 and augmented in 2006, 2007, 2008, and 2009. Related authorizations were released for execution in 2007, 2009 (x2), and 2010, respectively. The 2005 funding has been employed to date for a cytometer, digital balance/printer, microscope, centrifuge, and tube dry block heater. The 2006 funding has been employed to date for chemistry, hematology, and electrolyte analyzers, incubators, binocular microscopes, incubators, autoclaves, water baths, refrigerators, a cytometer, and supporting supplies and reagents. Plans for employment of unobligated balances and 2007–9 funding remain in development.

## OUTCOMES & IMPACT

### Prevention

In FY12, prevention efforts continued and 14,061 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet PEPFAR standards.

HTC services were provided to 6,711 individuals and they received their test results. A total of 553 pregnant women know their HIV status and of these, 48 HIV-positive pregnant women received ARVs to reduce the risk of mother-to-child transmission. The VMMC program was launched in FY12, and 1,134 males received VMMC services.

In FY12, 3,034 PLHIV were reached with PwP interventions. PLHIV were encouraged to form support groups with the assistance of nurses and clinical officers, while others were identified to serve as lay counselors.

### Care and Treatment

The MDF has a number of activities centered on care of PLHIV. Affected persons were being assisted by support groups that facilitated delivery of services and also provided accurate and updated information. More soldiers and their spouses were publicly declaring their serostatus to identify with PLHIV networks. In total, 3,334 eligible adults and children were provided with a minimum of 1 care service. Of these, 1,096 HIV-positive individuals received a minimum of 1

6,711

persons received  
HTC services,  
including their  
HIV test results.



clinical service. A total of 877 HIV-positive individuals received cotrimoxazole prophylaxis in FY12.

Three hundred eighteen (318) individuals with advanced HIV infection were newly enrolled on ART, and 1,414 individuals were currently receiving ART in the reporting period.

### **Other**

A seroprevalence study in the MDF is under way in collaboration with RTI International and DHAPP. DHAPP staff visited Malawi in July 2012 and met with the PEPFAR team and implementing partners to plan the SABERS study. Data collection has begun and study results will be analyzed in FY13.

Three members (3) of the MDF and the DHAPP Program Manager attended IMilHAC in May 2012. The DHAPP Program Manager attended a Program Manager training hosted by DHAPP in San Diego in August 2012.

### **Proposed Future Activities**

Continued HIV programming for MDF members was proposed by the Embassy to the PEPFAR Malawi Country Support Team. All proposed activities were included in the FY13 COP. Activities include continued prevention and care efforts and increased HTC services. The VMMC program will focus on capacity building, system strengthening, training of providers, provision of VMMC services, and standardized, supportive supervision to ensure the quality of services.





# Mozambique

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## BACKGROUND

### Country Statistics

The estimated population of Mozambique is 23.5 million people, with an average life expectancy of 52 years. Portuguese is the official language of Mozambique, which has an estimated literacy rate of 56%, unevenly distributed between men and women. Mozambique remains dependent on foreign assistance for over half of its annual budget, and the majority of the population remains below the poverty line. Subsistence agriculture continues to employ most of the country's workforce. A substantial trade imbalance persists, although the opening of an aluminum smelter, the country's largest foreign investment project to date, accounts for one third of exports. However, heavy reliance on aluminum subjects the economy to unstable international prices. Despite GDP growth of 8.3% in 2010, the increasing cost of living prompted citizens to riot in September 2010, after a price increase on bread, electricity, fuel, and water. The government responded by implementing subsidies, decreasing taxes and tariffs. Real growth of 7% per year was seen from 2010 to 2012, and it is thought that investment in Mozambique's gas sector may raise the country's growth up to 8% per year through 2017. The GDP per capita is \$1,200.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in Mozambique's general population is 11.3%, and there are a total of approximately 1.4 million PLHIV (UNAIDS website, February 2013).



## **Military Statistics**

The Forças Armadas de Defesa de Moçambique (FADM) is estimated at approximately 11,000 active-duty troops. Mozambique expends 0.8% of the GDP on military expenditures. The SABERS was completed in 2010, and a previous SABERS was conducted in 2006. The results from these surveys are being used to guide the prevention program.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

The FADM works in collaboration with PSI and the University of Connecticut. An in-country program manager from the DAO at the US Embassy oversees the activities of the various partners as well as participates in the PEPFAR Mozambique Country Support Team and Technical Working Groups on Gender and General Prevention.

### **Foreign Military Financing Assistance**

Mozambique was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005, 2006, and 2007. Related authorizations were released for execution in 2005, 2008, and 2010 (×2), respectively. The 2003 funding was fully employed for an Olympus microscope, minor lab equipment, and supporting supplies. The 2005 and 2006 funding has been employed for a hematology analyzer, centrifuges, agitators, a distiller, an analytical scale, a biosafety cabinet, minor lab equipment, and supporting reagents and supplies. The 2007 funding has been almost fully obligated for multiple pieces of equipment, including cytometers and a PointCare NOW instrument.

## **OUTCOMES & IMPACT**

### **Prevention**

During FY12, 47,288 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standards through FADM and PSI efforts. The people were reached through activities conducted by peer educators among their peers, where they addressed the risk of concurrent sexual partnerships, importance of consistent condom use, the importance of HTC and gender-based violence (GBV) in the military. These activities were focused in the three main military training centers.

The University of Connecticut team conducted training with 25 community health and parasocial workers. Of the 25 people trained, 11 were new peer educators at Nampula Military Hospital and 14 were existing peer educators at Maputo Military Day Hospital. Additional peer educators have been hired and will be trained in Sofala during the next reporting period.

“Opções Para a Saúde” is a peer educator-driven, evidence-based PwP program aimed at reducing risky sexual behavior among HIV-positive soldiers and



civilians who receive HIV care at locations in Maputo and Nampula. In FY12, 2,150 PLHIV were reached with a minimum package of PwP interventions. The program consists of collaborative, patient-centered discussions between peer educators and patients using motivational interviewing techniques to introduce the topic of safer sex, assess patients' risk behaviors, identify their specific barriers to the consistent practice of safer behaviors, elicit strategies from the patients for overcoming these barriers, and negotiate individually tailored risk-reduction goals, or plans of action, that the patients will work on between clinic visits. These discussions of HIV risk reduction are individually tailored for each patient based on the patient's risk assessment, risk reduction needs, and readiness to change his or her risk behavior. In FY12, the one-on-one PwP program was successfully expanded to Nampula Military Hospital. Group health education sessions were implemented by the peer educators in the waiting area at Maputo Military Hospital. Each month, a different topic was covered in the group sessions, such as "How HIV and ARV Medications Affect Your Body," "Disclosing Your HIV Status," "Alcohol Use and HIV," "How to Have a Healthy Sex Life," and "Gender-Based Violence." Plans for FY13 include expansion of the entire program to the Sofala location. FADM leadership have been actively involved with the formation of support groups at bases and have embraced support for active-duty military PLHIV.

In FY12, a total of 10,078 men were circumcised as part of VMMC for HIV prevention programs. The DoD is working with PSI and in collaboration with Jhpiego, an implementer for CDC, to assist the FADM with rollout of VMMC services. Activities during FY12 included renovation and opening of a new military VMMC site in Tete, and official handover of the vehicles, mobile structures, and equipment for mobile services previously procured. Nine (9) health care workers were trained in VMMC.

During FY12, 15,258 individuals received HTC services for HIV and received their test results. Approximately 70% of these individuals were men who received these services in facilities where they came to get VMMC. A national HTC campaign was conducted and two health fairs were also held in FY12 to account for the other 30%. Three (3) laboratories at Nampula, Maputo and Beira Military Hospitals have the capacity to conduct HIV testing and were rehabilitated and equipped with DoD FMF funds.

## Other

DHAPP provided technical assistance to enable FADM's eHealth strategy to improve the flow of information through electronic means to support delivery and management of health services. FADM was one of the first military partners to recognize that eHealth is transforming health care delivery and is at the core of a responsive health system. Whether delivering care, deploying personnel, conducting research, or supporting humanitarian action, at every level FADM health programs increasingly rely on information and communication. Embracing the Government of Mozambique technology advances and economic investments, FADM joined the GovNet, the government's electronic network, with DHAPP support to enable its Military eHealth Information Network (MeHIN). DHAPP and Vista LifeSciences supported the deployment of a MeHIN reference implementation at Maputo



Military Hospital. The MeHIN reference implementation serves as an enabler for FADM to explore eHealth tools and explore efficient, accurate and timely data capture, and monitoring and evaluation reporting.

An English version of the SABERS report has been delivered to the FADM leadership, and a translated version is currently available in Portuguese and will soon be printed and delivered.

The FADM and DoD jointly hosted IMilHAC in May 2012. Representatives from the FADM, representatives from the US military in Mozambique, and the DHAPP Program Manager attended the meeting.

Four (4) trainees from the FADM attended MIHTP in San Diego in FY12.

### **Proposed Future Activities**

The proposed activities were submitted by the Embassy to the PEPFAR Mozambique Country Support Team and were included in the FY13 COP. Among the activities included were scaling up of VMMC services. PEPFAR Mozambique has central initiative funds to support activities relating to reducing GBV. The FADM has demonstrated excellent leadership in addressing GBV in its military settings. PSI and the University of Connecticut are providing all the support in implementing the activities.

HIV prevention and PwP activities will continue being funded and implemented. The new military condom is in its final stages of design and production. PSI will support the distribution of the condoms.

In order to improve human resource capacity, the FADM, in collaboration with DHAPP, will continue sponsoring 25 students who are being locally trained in various health topics.

Two (2) containers with a variety of medical and surgical equipment, medical furniture, some supplies, and medical books will be received through a partnership with Project C.U.R.E. in FY13 and donated to the FADM to support its military health units.







## BACKGROUND

### Country Statistics

Namibia's estimated population is 2.2 million people, with an average life expectancy of 52 years. English is the official language of Namibia, which has an estimated literacy rate of 89%, evenly distributed between men and women. The Namibian economy is closely linked to South Africa, and up until 2010, 40% of Namibia's budget revenues came from the Southern African Customs Union. The country is heavily dependent on the extraction and processing of minerals for export. Mining accounts for 8% of the GDP and provides over half of foreign exchange earnings, but it only employs 3% of the population. An increase in diamond and uranium prices in 2010, along with the reopening of copper mines in 2011, helped provide a significant boost to the mining sector. Namibia has made large investments in its mining sector, and in expectation of higher uranium prices globally, the country plans to double its uranium exports by 2015, and increase its diamond output as well. The GDP per capita is \$7,800.



### HIV/AIDS Statistics

The HIV prevalence rate in Namibia's general population is estimated at 13.4%. Namibia has approximately 190,000 PLHIV (UNAIDS website, February 2013). The primary identified risk factor in the population is unprotected heterosexual contact.

### Military Statistics

The Namibian Defense Force (NDF) is estimated at approximately 9,000 troops. Namibia expends 3.7% of the GDP on military expenditures. There are no official figures for HIV prevalence in the NDF.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The DoD HIV/AIDS Program Office was established in October 2006, with 1 DHAPP program manager who oversees the management of the DoD HIV/AIDS Program in Namibia. Implementing partners who work with the NDF include the University of Washington International Training and Education Center for HIV (I-TECH) and the Society for Family Health (SFH).

## OUTCOMES & IMPACT

### **Prevention**

During FY12, 150 males received VMMC services at the Grootfontein Military Hospital. I-TECH provided ongoing support to the VMMC program to facilitate effective and high-quality VMMC services, follow up with VMMC providers, and carry out proficiency assessments. A total of 51 health care workers completed in-service training for VMMC: I-TECH conducted VMMC training for 41 military health care officers as well as for managers where 10 military commanders were empowered with knowledge and skills to support implementation as well as scale up of VMMC services at their facilities. In addition, I-TECH developed and printed VMMC education materials for dissemination.

As part of infrastructure enhancement and assurance for continuous provision of services to MOD members, I-TECH procured necessary instruments and consumable supplies for Peter Mweshihange Military Health Centre (PMMHC) and Grootfontein Military Hospital. The commencement of VMMC services at PMMHC in Windhoek is scheduled for FY13 as well as rollout of mobile VMMC services.

A total of 194 peer educators were trained at different military bases on various topics such as peer education, facilitation skills, program management, monitoring and reporting, HIV/AIDS workplace issues, the drivers of the epidemic in Namibia, and gender. Peer education activities were conducted with supervision support from SFH regional staff in collaboration with HIV unit coordinators at various bases. In FY12, 11,300 members were reached with HIV prevention messages. Activities carried out during the outreach events included dramas depicting real life choices and problems that NDF members face, thematic presentations (usually accompanied by competitions with questions and answers), film screenings, and testimonials by NDF members living with HIV. Condoms with military-specific packaging were also distributed to the military bases through the MOD/NDF distribution channel and through the SFH regional offices.

A total of 906 MOD members were tested for HIV, counseled, and received their results at 3 HTC facilities in the NDF. During the reporting period, I-TECH provided technical assistance to HTC sites at Grootfontein, Rundu, and Walvis Bay bases with regard to quality assurance and control, planning, and it supplied items for the outreach activities, including testing kits, client codes,



and files.

## Care and Treatment

The goal of the care and treatment program is to assist the NDF in the provision of high-quality services and strengthen the capacity of the military staff as well as civilian employees. The main objectives are to expand and enhance clinic-based palliative care service delivery systems, and to strengthen and expand coverage of military support groups for persons infected with and affected by HIV.

A total of 217 MOD members were provided with a minimum of 1 HIV care service (STI and TB management, TB and alcohol screening, psychosocial support) at the Grootfontein military base. All 217 PLHIV were reached with a minimum package of PwP interventions. Of these, 163 HIV-positive individuals received cotrimoxazole prophylaxis.

The Fountain of Hope (FOH) HIV care and treatment clinic at the Grootfontein military base has been operational since 2009, providing comprehensive HIV and related disease services, including ART, pre-ART care, TB, and other palliative care services. Currently, 235 members are receiving ART at the facility, including 44 members newly enrolled during FY12. The majority of new clients are mainly those military members who are migrating from private doctors to access ART services in their own settings.

In support of the provision of high-quality HIV treatment services, 8 health care workers were mentored on HIV treatment, including proper recordkeeping and calculation of creatinine clearance among patients on HAART. In addition, 1 clinician visit to FOH was undertaken where 1 doctor was mentored in the management of ART including HIV/TB. The doctor also reviewed cases and advised health care workers on a number of issues, including the importance of careful and timely screening for HIV in TB suspects as well as offering HIV treatment to those found to have TB within 2–8 weeks after starting TB treatment. In terms of capacity building, 17 participants consisting of peer educators, counselors, gender representatives, and Unit HIV Coordinators were trained on how to facilitate the *Remember Eliphaz 3* DVD.



## Laboratory

The MOD, with technical and financial support from the DoD, runs a laboratory facility at Grootfontein Military Hospital, which has the capacity to perform clinical laboratory tests. During the reporting period, I-TECH procured an AVL 900 chemistry analyzer, equipment supplies, and reagents to complement the cobas c 111 chemistry analyzer, as requested by the military lab and recommended by the Namibia Institute of Pathology. The additional equipment will increase the testing panel to include sodium, potassium, and chloride for the kidney function tests. The new tests were added to the current lab information system and staff were mentored on how to edit the system. I-TECH also supported the servicing and repairs of all laboratory equipment and training



on basic operations, troubleshooting, and maintenance of this equipment. I-TECH also procured 2 new digital thermometers for the military laboratory and point-of-care equipment for FOH and PMMHC. Four (4) laboratory mentoring and support visits and 1 equipment repairs and training visit to Grootfontein took place during the period under review. The quality manual was reviewed during the Lab Quality Management Technical Working Group meeting in August 2012. The lab technician attended the Lab Quality Management Technical Working Group meeting, which was held in Windhoek. The ongoing development of standard operating procedures (SOPs) continued, with 5 new SOPs being drafted.

The MOD/NDF laboratory continued with enrollment in an External Quality Assurance (EQA) program, a key step toward laboratory accreditation. I-TECH supported the MOD with the renewal of a full cycle of the EQA program with Thistle QA for 2012.

With regard to in-service training, the technologist in charge at the Grootfontein Military Hospital Laboratory benefited from a week-long Lab Management and Training of Trainers course at IDI in April 2012. The lab technician was also supported to attend a 2-week HIV Laboratory Techniques and Good Laboratory Practice (GLP) course also at IDI and in April 2012. The lab technician also attended the first of 3 workshops on Strengthening Laboratory Management Toward Accreditation course in Harare, Zimbabwe, in June 2012. The program is supported by the Ministry of Health and Social Services and I-TECH is providing TA toward the implementation of the program at the military laboratory. I-TECH is continuing to support 2 biomedical sciences students in their third-year studies at the Polytechnic of Namibia.



An assessment of the locally available Laboratory Information Systems was completed and a comprehensive report was compiled by I-TECH informatics experts. The assessment included the possibility of procuring and installing the MEDITECH system. Recommendations for an open source system will be presented to the Defense Health Management Information Systems Technical Working Group.

### Other

Three (3) members of the NDF and the 2 DHAPP Program Managers attended IMilHAC in May 2012.

### Proposed Future Activities

Ongoing successful NDF and partner programming will continue to implement a comprehensive prevention program with a focus on capacity building to ensure transition of these programs to local ownership in line with the National Strategic Framework. Activities include VMMC, care including PwP services, TB and HIV service integration, HTC including a new effort in PITC, and treatment for military members and their families. All proposed activities were submitted to the Namibia Country Support Team and were included in the FY13 COP.



# South Africa

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## BACKGROUND

### Country Statistics

South Africa's estimated population is 49 million people, with an average life expectancy of 49 years. Many languages are spoken in South Africa. The 3 most common are isiZulu, isiXhosa, and Afrikaans, and the population has an estimated literacy rate of 86% that is evenly distributed between men and women. South Africa is a middle-income, emerging market, with a rich supply of natural resources; well-developed financial, legal, communications, energy, and transport sectors; a stock exchange that is the 18th largest in the world; and a modern infrastructure supporting an efficient distribution of goods to major urban centers in the region. Growth was robust from 2004 to 2007 as South Africa reaped the benefits of macroeconomic stability and a global commodities boom, but it began to slow in the second half of 2007 due to an electricity crisis and the impact of the global financial crisis commodity prices and demand. The GDP fell nearly 2% in 2009, but recovered in 2010–12. An outdated infrastructure has constrained growth and unemployment remains high, estimated at nearly one quarter of the workforce. A number of economic problems remain from the era of apartheid, primarily poverty, lack of economic empowerment among disadvantaged groups, and public transportation shortages. The GDP per capita is \$11,300.



### HIV/AIDS Statistics

South Africa's prevalence rate of 17.3% in the general population is one of the highest in the world (UNAIDS website, February 2013). South Africa is home to the world's largest PLHIV population, with approximately 5.6 million people, including 300,000 children thought to be living with the virus. According to the UNAIDS *AIDS Epidemic Update 2009*, the national adult HIV



prevalence in South Africa has stabilized, and the prevalence among young people (15–24 years of age) started to decline in 2005. Heterosexual contact is the principal mode of transmission.

### **Military Statistics**

The South African National Defense Force (SANDF) is estimated at approximately 62,000 active-duty members. The prevalence of HIV in the SANDF is unknown. South Africa expends 1.7% of the GDP on military expenditures.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

The SANDF HIV/AIDS program is a collaborative effort between the SANDF, the OSC at the US Embassy, and DHAPP. An in-country program team that works under the OSC manages the day-to-day program operations. DHAPP staff members provided technical assistance to the SANDF during in-country visits. The Henry M. Jackson Foundation and Society for Family Health (SFH) were the implementing partners in FY12.



## **OUTCOMES & IMPACT**

### **Prevention**

During FY12, 2,942 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet PEPFAR standards. The SANDF continued to provide female condoms to its members. The condoms were initially provided to soldiers who were about to deploy on PKOs. Additional prevention services provided to the SANDF include prevention of mother-to-child transmission,

postexposure prophylaxis, VMMC, and HTC. In FY12, 25,729 individuals received HTC services and received their test results. Additionally, 88 HIV-positive pregnant women received ARVs, and 397 men were circumcised. SFH supports the VMMC program and also updated prevention materials designed for the implementation of peer education and HTC activities.

### **Care and Treatment**

HIV-positive adults and children are receiving clinical services through the SANDF. There were 4,204 HIV-positive adults and children who received at least 1 clinical service, while 1,128 HIV-positive persons received cotrimoxazole prophylaxis. In regard to food and nutrition services, 2,915 HIV-positive clinically malnourished clients received therapeutic or supplementary food. The Henry M. Jackson Foundation primarily supported clinical outreach with mobile services. There are currently 3 mobile clinics, and an additional 3 mobile clinics are planned to provide outreach among the border regions.



In 2010, the SANDF opened a new pharmacy in Kimberley with assistance from PEPFAR and the DoD. The new site benefits patients and has improved adherence of those who had to travel to other locations to acquire their ARVs. Five (5) service outlets provide ART to the SANDF. In FY12, 194 patients were newly initiated on ART, and at the end of the reporting period, 2,348 patients were currently receiving ART. A total of 163 individuals successfully completed in-service training.

### Other

Four (4) members of the SANDF and the 2 DHAPP Program Managers in the country attended IMilHAC in May 2012. In December 2012, the DHAPP Program Managers traveled to San Diego for program-related training.

### Proposed Future Activities

Ongoing successful SANDF and partner programming was expanded to include additional aspects of comprehensive prevention, care, and treatment for military members and their families. VMMC services will continue to scale up for the SANDF. A KAP is also planned among military personnel in FY13.





# Swaziland



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## BACKGROUND

### Country Statistics

The estimated population of Swaziland is 1.4 million people, with an average life expectancy of 49 years. English and siSwati are the official languages of Swaziland, which has an estimated literacy rate of 82%, evenly distributed between men and women. In this small, landlocked economy, subsistence agriculture employs about 70% of the population. The economy is highly dependent on South Africa, from which it receives more than 90% of its imports



and sends 60% of its exports. Sugar and wood pulp used to be the main foreign exchange earners, but sugar is now the top export earner since the wood pulp producer closed in 2010. The country is in a fiscal crisis due to decreases in South African imports and customs revenues. Swaziland's 40% unemployment rate indicates a need to increase smaller enterprises and attract foreign investment. The GDP per capita is \$5,300. Swaziland is faced with a number of issues for the future, including overgrazing, soil depletion, drought, and floods.

### HIV/AIDS Statistics

Swaziland has the world's highest known rates of HIV/AIDS infection. The estimated HIV prevalence rate in the Swaziland general population is 26.0%, resulting in a total of approximately 190,000 PLHIV (UNAIDS website, February 2013). In Swaziland, according to the UNAIDS *AIDS Epidemic Update 2009*, transmission during heterosexual contact (including sex within stable couples, casual sex, and sex work) is estimated to account for 94% of incidence infections.



## **Military Statistics**

The Umbutfo Swaziland Defense Force (USDF) is estimated at 3,500 members, according to DHAPP staff. Swaziland expends 4.7% of the GDP on military expenditures. DHAPP is analyzing current HIV prevalence and behavioral data for USDF members.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

The USDF has developed an ongoing prevention and care program for its military members and their families in collaboration with DHAPP and other partners. DHAPP staff are active members of the PEPFAR Swaziland Country Support Team and have provided technical assistance in creating the FY13 COP and to also work collaboratively with USG partners. An in-country program manager oversees all programmatic activities.

### **Foreign Military Financing Assistance**

Swaziland was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005, 2006, 2007, 2008, 2009. Related authorizations were released for execution in 2007 (×2), 2009 (×2), and 2010, respectively. The 2003–5 funding was fully employed for laboratory needs assessments, biosafety cabinets, minor equipment, and supporting reagents/supplies. The 2006–7 funding has been fully employed for sample prep equipment, a chemical analyzer, cytometer, freezer, centrifuge, sterilizer, refrigerators, and other minor equipment. The 2008 funding has been fully employed for equipment maintenance and reagents. All 2009 funding has been reprogrammed and transferred to the Navy Education and Training Security Assistance Field Activity to support 4-year (degree) laboratory technician training at the University of Malawi.



## **OUTCOMES & IMPACT**

### **Prevention**

During FY12, 8,968 individuals from the USDF, family members, or civilians near military bases were reached with individual and/or small group-level preventive interventions that met the minimum standards required. Clinicians provided PwP interventions to 113 individuals. As part of comprehensive prevention services, 1,339 individuals received HTC services and received their test results.

### **Care and Treatment**

Prevention, care, and treatment services were decentralized to 5 new USDF clinics that are now providing expanded access for the troops and the civilian



populations in these communities. The Phocweni Clinic provides clinical prophylaxis for OIs and provides treatment for TB once the client has been diagnosed at the government hospital. During the reporting period, 2,950 eligible adults and children were provided a minimum of 1 clinical service. DHAPP staff continued to provide technical assistance to the USDF for the establishment of care/clinical services at St. George's Barracks. This will increase care/clinical services to USDF personnel and their families. In addition, 1,343 HIV-positive persons received cotrimoxazole prophylaxis, and 1,138 HIV-positive patients were screened for TB in a clinic dedicated to TB/HIV care and treatment.

The USDF provides ART to the troops and their families. At the end of the reporting period, 1,407 adults and children with advanced HIV infection were currently receiving ART. In addition, 66 health care workers successfully completed an in-service training program supported by DHAPP. Of the 66 individuals, 18 were trained in VMMC, and the others were trained in home-based care, treatment, SI, lab, or gender-based violence.

### **Other**

Three (3) members of the USDF and the DHAPP Program Manager attended IMilHAC in May 2012. Two (2) USDF HIV/AIDS program data managers attended a Data Analysis and Dissemination Techniques Workshop hosted by DHAPP in San Diego in October 2012.

DHAPP and USDF completed a technical assessment of the Military eHealth Information Network (MeHIN) in FY12. The development of MeHIN electronic data tools is part of the national health information systems (HIS) strategy. Professional development of medical personnel is underway in preparation for the USDF MeHIN deployment.

### **Proposed Future Activities**

Continued comprehensive HIV programming for USDF members and their families was proposed by the Embassy to the PEPFAR Swaziland Country Support Team. All proposed activities were included in the FY13 COP. Activities in support of decentralization of prevention, care, and treatment services will be continued.





# Zambia



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## BACKGROUND

### Country Statistics

Zambia's estimated population is 13.8 million people, with an average life expectancy of 53 years. There are many official languages in Zambia, Bemba being the most widely spoken. The estimated literacy rate is 81%, somewhat unevenly distributed between men and women. Zambia's economy has experienced strong growth in recent years, with significant GDP growth from 2005–12 at more than 6% per year. Copper output has increased steadily since 2004, due to higher copper prices and foreign investment. The GDP per capita is \$1,700. Although poverty continues to be a significant problem in Zambia, its economy has strengthened. The decline in world commodity prices and demand affected GDP growth in 2008, but a sharp rise in copper prices and a bumper maize crop have helped Zambia recover.

### HIV/AIDS Statistics

The HIV/AIDS prevalence rate in Zambia is one of the highest in the world. The estimated prevalence rate in the general population is 12.5%, with 970,000 PLHIV (UNAIDS website, February 2013). Heterosexual contact is the principal mode of transmission. A significant drop in HIV incidence was noted among women in Zambia between 2002 and 2007 (UNAIDS *AIDS Epidemic Update* 2009).



### Military Statistics

The Zambian National Defense Force (ZDF) is estimated at approximately 15,000 members. Zambia expends 1.8% of the GDP on the military. Seroprevalence studies were conducted within the ZDF in 2004 and 2012.



## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The HIV/AIDS program in the ZDF is a collaborative effort between the ZDF, the DAO, Project Concern International (PCI), Jhpiego (a Johns Hopkins University affiliate), PSI, FHI 360, John Snow, Inc., American International Health Alliance, and DHAPP. In-country program team members from the DAO coordinate and manage the various program partners and activities. In FY12, DHAPP staff members provided technical assistance to the ZDF during in-country Country Support Team visits.

### **Foreign Military Financing Assistance**

Zambia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005. Related authorizations were released for execution in 2004 and 2008, respectively. The 2003 funding was fully employed for incubators, refrigerators, HIV test kits, and other supporting supplies/reagents. The 2005 funding has been fully employed for a chemical analyzer, hematology analyzers, IDI laboratory training, test kits, and supplies.

## OUTCOMES & IMPACT

### **Prevention**

During FY12, PCI provided support to ZDF peer educators, chaplains, and drama groups to reach 20,737 military personnel and civilians in and around 52 ZDF units. These individuals were reached with individual and/or small group HIV prevention behavioral interventions that address national and ZDF-specific epidemic drivers.



In this reporting period, HTC services were provided to a total of 30,058 military personnel and civilians, in and around 52 ZDF units, who all received their test results. These efforts were supported by PCI, Jhpiego, and FHI 360. PCI supported ZDF lay counselors and health service providers, while Jhpiego and partners supported provider-initiated HIV testing and counseling in clinical settings such as STI, PMTCT, TB, and VMMC service provision.

Technical support was provided to health workers, which included mentorship on the opt-out strategy for HTC in both the inpatient and outpatient departments, routine counseling and testing for pediatric clients admitted in the facilities, a family-centered approach in pediatric and adult departments, as well as orientation of staff in the report and requisition forms for HIV test kits. FHI also supported the ZDF in conducting HTC. PCI continued to promote couples-based counseling as a means of identifying discordant couples. Mobile and home-based HTC services were also provided.



Jhpiego is now supporting 14 facilities providing PMTCT services, half of which were new in FY12. In FY12, a total of 5,157 pregnant women received HTC and their test results. Of these women, 386 HIV-positive pregnant women received ARVs to reduce risk of mother-to-child-transmission.

Partners supporting VMMC services in FY12 included Society for Family Health, FHI 360, and Jhpiego. A total of 3,777 ZDF personnel and their male family members received VMMC services in FY12. FHI worked with the ZDF and provided technical support, which included coordinating the community sensitization/mobilization through the use of volunteers in collaboration with other partners and the MOH during the August 2012 national VMMC campaign. Jhpiego supported the provision of VMMC services at 5 ZDF sites. They also procured and distributed VMMC equipment, commodities and supplies and provided supportive supervision and mentorship to the sites. Jhpiego also participated in national VMMC campaigns in the months of April, August, and September and made significant contributions to the national VMMC targets.

## Care

Fifty-four (52) service outlets provided HIV-related care services to military members, their families, and civilians living in the surrounding areas. During FY12, 28,803 eligible adults and children were provided with a minimum of 1 care service by the ZDF, and of these individuals, 24,063 HIV-positive adults and children were provided with a minimum of 1 clinical service. Additionally, a total of 4,408 HIV-positive persons received cotrimoxazole prophylaxis, and 4,020 HIV-positive clinically malnourished clients received therapeutic or supplementary food.



In FY12, 5,412 PLHIV were reached with PwP interventions through facility and community-based services. PCI also provided technical support to 7 ZDF sites that had a combination of trained facility-based and community-based PwP service providers to develop referral linkages and systems between facility-based and community-based PwP services to allow for a continuum of service delivery for PWP services.

## Treatment

The ZDF has 50 service outlets that provide ART for its personnel, family members, and civilians living in the surrounding areas. In FY12, 3,040 adults and children with advanced HIV infection were newly enrolled on ART, and at the end of the reporting period, 17,941 adults and children were currently receiving ART. Several factors have contributed to the increased number of clients enrolled at ART sites, including improved data management for better tracking of clients, availability of adherence-trained counselors at each of the sites, continuous supply of drugs, availability of lab facilities, and strengthened skills of military medical staff in the provision of ART services. During FY12, 1200 health care workers successfully completed an in-service training program



in areas such as VMMC, clinical training in HIV testing, diagnosis and treatment, laboratory logistics, and 66 in pre-service training programs in pharmacy and laboratory.

In FY12, there were 41 testing facilities with the capacity to perform clinical laboratory tests. Two (2) labs at the Zambia National Service Lumezi and Zambia Army Arrackan Barracks were equipped with PointCare NOW machines. A new lab was constructed and will be equipped in FY13. Renovations were completed at 4 sites to improve delivery facilities and enable testing for expecting mothers, and DoD is working in collaboration with partners to provide equipment. Six (6) sites were assessed and approved for construction of health facilities with appropriate lab space. DHAPP has so far equipped and trained laboratory personnel at 13 sites and supported these labs with equipment and capacity building for staff to enhance the quality of care.

Three (3) members of the ZDF and 2 Lusaka-based DHAPP staff members attended IMilHAC in May 2012.

The DHAPP Program Assistant attended a Regional Workshop on Monitoring and Evaluation of Population, Health, and Nutrition programs in Ethiopia and the DHAPP Program Manager participated in a program manager training in San Diego in FY12.

### **Proposed Future Activities**

All proposed activities were submitted by the US Embassy to the PEPFAR Zambia Country Support Team and included in the FY13 COP. A sexual networking study and an assessment of multidrug-resistant TB are planned for the future. Additional activities are in the area of sustainability through health system strengthening, and high-level advocacy with senior military leadership. PCI and Jhpiego will continue supporting the Saving Mothers, Giving Life initiative.





# West Region



# Benin



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## BACKGROUND

### Country Statistics

Benin is a West African country with an estimated population of 9.6 million people and an average life expectancy of 60 years. French is the official language of Benin, which has an estimated literacy rate of 42%, unevenly distributed between men and women. The economy of Benin remains underdeveloped and dependent on subsistence agriculture, cotton production, and regional trade. Growth in real output had averaged around 4% before the global recession and has returned to roughly that level in the past 2 years. Inflation has subsided over the past few years. In order to increase growth further, Benin plans to attract more foreign investment, focus on tourism and



the development of new food processing systems and agricultural products, and encourage creation of new information and communication technology. Benin's key export, cotton, suffered due to flooding in 2010–11, but high prices supported export earnings. After a series of strikes, the government agreed to a 25% increase in civil servant salaries in 2011. Benin has also appealed for international assistance in mitigating piracy against commercial shipping in the country. The GDP per capita is \$1,700.

### HIV/AIDS Statistics

The HIV prevalence rate in the adult population of Benin is estimated at 1.2%, with approximately 64,000 PLHIV (UNAIDS website, February 2013).

### Military Statistics

The Benin Armed Forces (BAF) is composed of approximately 5,000 members, with a 2% HIV prevalence rate, according to a prevalence study conducted in



2005. Benin allocates 1% of the GDP for military expenditures. The BAF frequently supports PKOs in Côte d'Ivoire and the Democratic Republic of the Congo.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff has been collaborating with the ODC in Accra, Ghana, and the US Embassy in Cotonou to support the BAF. In FY11, a DHAPP program manager was hired at the US Embassy to support the development of an HIV plan for the BAF.

### Foreign Military Financing Assistance

Benin was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2009, and the related authorization was released for execution in 2010. In 2012, a GeneXpert IV instrument was procured. Plans for its further employment are in development.

## OUTCOMES & IMPACT

### Prevention and Care

A desk officer visit by DHAPP occurred in September, 2012 to assist with the initial assessment for an electronic medical record system. Two (2) members of the BAF and the DHAPP Program Manager attended IMilHAC in 2012.

In FY12, 65 pregnant women received HTC services and 675 PLHIV were reached with a minimum package of PwP interventions. Additional prevention activities included 4,530 people who were reached with evidence-based individual and/or small group-level preventive interventions. The number of individuals who received HTC services and received their test results totaled 484. In FY12, the number of adults and children with advanced HIV infection who were receiving ART totaled 784.

### Proposed Future Activities

The BAF is working with DHAPP to continue prevention programming and assist with provision of care and treatment services for PLHIV at the main military hospital. In FY13, DHAPP will continue technical assistance to the BAF for the implementation of an electronic health system. The electronic medical records will provide efficiencies to reporting, data quality, and operational management of programs including infectious disease management, chronic disease management, in-patient registration and reporting, and outpatient registration and reporting.





# Burkina Faso



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## BACKGROUND

### Country Statistics

The estimated population of Burkina Faso is 17.3 million people, with an average life expectancy of 54 years. French is the official language of Burkina Faso, although native African languages belonging to the Sudanic family are spoken by 90% of the population. The estimated literacy rate is 22%, unevenly distributed between men and women. One of the poorest countries in the world, landlocked Burkina Faso has few natural resources and a weak industrial base. About 90% of the population is engaged in subsistence agriculture, which is vulnerable to periodic drought. Cotton is the main cash crop. Gold is the main source of export revenue, and since 2004, Burkina Faso has seen an upswing in gold exploration and production. Local community conflict persists in the mining and cotton sectors, but the Prime Minister has announced income tax reductions, reparations for looting victims, and subsidies for food and fertilizer. The GDP per capita is \$1,400.



### HIV/AIDS Statistics

Burkina Faso has an estimated 120,000 PLHIV, and the current prevalence rate is 1.1% (UNAIDS website, February 2013). According to the UNAIDS *AIDS Epidemic Update 2009*, declines in HIV prevalence rates among antenatal clinic attendees have been documented in Burkina Faso.

### Military Statistics

The Forces des Armees du Burkina Faso (FABF) is estimated to have approximately 11,000 active-duty troops. Burkina Faso expends 1.2% of the



GDP on the military. Military HIV prevalence rates are unknown.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP and the OSC at the US Embassy in Ouagadougou are collaborating with the FABF. There are currently 3 implementing partners supporting the FABF with its HIV program: Africare, PROMACO, and Save the Children.

## OUTCOMES & IMPACT

### Prevention

In FY12, PROMACO provided prevention programming for the FABF and reached 8,789 individuals through individual or small-group level preventive interventions that are based on evidence and/or meet the minimum standards required. Africare provided HTC services to 3,675 individuals who were tested for HIV and received their results. Training sessions were conducted on HTC and peer education, and a total of 289 individuals were trained.

### Care and Treatment

Twelve (12) laboratories have the capacity to perform clinical laboratory tests, and 7 of these facilities are accredited according to national or international standards. With support from DHAPP, 2 military labs are well-equipped and capable of performing CD4 tests. The labs are located in the Bobo Dioulasso Garrison in the second military region and in the Lamizana military camp in the third military region. Four hundred (400) HIV-positive individuals were receiving ART in FY12.

Two (2) containers with a variety of medical supplies were received through a partnership with Project C.U.R.E. and donated to the FABF to support its military health units in May 2012. Three (3) members of the FABF and the DHAPP Program Manager attended IMilHAC in May 2012.

### Proposed Future Activities

Proposed activities for FY13 include continued provision of prevention education sessions and HTC services.





# Côte d'Ivoire



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## BACKGROUND

### Country Statistics

The population of Côte d'Ivoire is estimated at 22 million people, with an average life expectancy of 57 years. French is the official language of Côte d'Ivoire, which has an estimated literacy rate of 56%, unevenly distributed between men and women. Roughly 68% of the population is engaged in activities related to agriculture. Côte d'Ivoire is among the world's largest producers and exporters of coffee, cocoa beans, and palm oil, and, to a lesser extent, gold. Consequently, the economy of Cote d'Ivoire is sensitive to fluctuations in international prices for these products, as well as climatic



conditions related to production. Since the end of the civil war in 2003, political turmoil has continued to damage the economy, resulting in the loss of foreign investment and slow economic growth. In late 2011, the economy began to recover from a severe downturn caused by widespread post-election fighting. The International Monetary Fund and World Bank announced \$4.4 billion in debt relief for Cote d'Ivoire in June 2102. The GDP per capita is \$1,700. In March 2007, President Laurent Gbagbo and former New Forces rebel leader Guillaume Soro signed the

Ouagadougou Political Agreement. As a result of the agreement, Soro joined Gbagbo's government as Prime Minister and the two agreed to reunite the country by dismantling the zone of confidence separating North from South, integrate rebel forces into the national armed forces, and hold elections. An election was held in 2010 and Alassane Ouattara was declared winner. Several thousand UN troops and several hundred French remain in Cote d'Ivoire to support the transition process. Cote d'Ivoire's long-term challenges include its political instability and degrading infrastructure. President Ouattara is focused on rebuilding the country's infrastructure and military, although ongoing threats from opposition supporters remain an issue.



## HIV/AIDS Statistics

The estimated HIV prevalence rate in Côte d'Ivoire's general population is 3.0%, and there are approximately 360,000 PLHIV (UNAIDS website, February 2013). Although HIV prevalence in West and Central Africa is much lower than in southern Africa, the subregion is home to several serious national epidemics. While adult HIV prevalence is below 1% in 3 West African countries (Cape Verde, Niger, and Senegal), nearly 1 in 25 adults in Côte d'Ivoire is living with HIV. According to the UNAIDS *AIDS Epidemic Update 2009*, adult HIV prevalence in Côte d'Ivoire is more than twice as high as in Liberia or Guinea, even though these West African countries share national borders.

## Military Statistics

The approximate size of the Côte d'Ivoire Defense and Security Forces (CIDSF) is approximately 25,000 members, according to DHAPP. Côte d'Ivoire performs recruitment testing when possible, although the prevalence rate is unknown. The government expends 1.5% of the GDP on the military.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff has maintained active roles as members of the Côte d'Ivoire Country Support Team for the OGAC. In these roles, DHAPP staff members have provided technical assistance to the in-country team for the country operational planning process for funding under PEPFAR in Côte d'Ivoire. The DAO has also been working with DHAPP and the CIDSF on proposed activities, and a DHAPP Program Manager supports program activities. In June 2012, FHI 360 was brought on as an implementing partner by DHAPP to assist the CIDSF.



## OUTCOMES & IMPACT

### Prevention and Health System Strengthening

Bilateral military programs for HIV prevention in the CIDSF continued to be supported by CDC funding through PEPFAR, with PSI as an implementing partner. FHI 360 began its efforts with the CIDSF in June 2012. FHI 360 started activities in August 2012 by hiring 1 technical assistant in monitoring and evaluation and 1 senior technical officer. The DHAPP Program Manager organized working sessions with FHI 360 personnel to ensure that activities were conducted as outlined in the work plan.

A total of 20 health care providers from military health facilities were trained in (1) equipping PLHIV with the knowledge and skills to protect their own health and the health of their partner(s) and families, (2) providing care and support to PLHIV to protect both their physical and mental health, and (3) engaging



PLHIV as equal partners.

DHAPP staff conducted a site visit in April 2012 to re-energize the program, and 4 members of the CIDSF attended IMiLHAC in May 2012.

### **Proposed Future Activities**

FHI 360 will continue its efforts with the CIDSF in 2013. Efforts for FHI 360 will include increasing the availability of high-quality data to inform decisions on HIV/AIDS program policy, design, implementation, and evaluation. The expected key outputs are a SABERS and a finalized report on the SABERS and internal stakeholders' workshop. FHI 360 will also work on laboratory strengthening by supporting improvements that move the Abidjan Military Hospital laboratory toward accreditation as a reference center for TB, HIV, and STI diagnosis. Additionally, FHI 360 will work on sexual prevention by addressing HIV stigma and discrimination within the military and high-risk behavior by HIV-positive military personnel. Lastly, FHI 360 will support development of a comprehensive HIV/AIDS policies and procedures document for the military.





# The Gambia

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## BACKGROUND

### Country Statistics

The estimated population of The Gambia is 1.8 million people, with an average life expectancy of 64 years. English is the official language of The Gambia, which has an estimated literacy rate of 50%, with uneven distribution between men and women. The Gambia has no significant mineral or natural resource deposits and has a limited agricultural base. About 75% of the population depends on the agricultural sector for its livelihood, a sector that provides one quarter of the GDP. Due to The Gambia's natural beauty, it is one of the larger markets for tourism in West Africa. Tourism contributes to about one fifth of the GDP, however, sluggish tourism led to a decline in the GDP in 2012. The Gambia's re-export trade accounts for nearly 80% of goods exports. The GDP per capita is \$1,900. Unemployment rates remain high and economic progress largely depends on foreign aid.



### HIV/AIDS Statistics

The HIV prevalence rate in The Gambia's general population is estimated at 1.5%, with approximately 14,000 PLHIV (UNAIDS website, February 2013). The predominant mode of HIV transmission in The Gambia is heterosexual contact.

### Military Statistics

The Gambian Armed Forces (GAF) consists of approximately 5,000 active-duty members, according to DHAPP staff. The Gambia expends 0.9% of the GDP on military purposes. A seroprevalence and behavioral survey was conducted in FY12. This study has led to recommendations for program modifications in the



areas of increased perception toward condom use, stigma reduction, and support for couples counseling. Most importantly this study led to the adoption of finger prick HIV testing for the military.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP have been working with the GAF to continue expanding its prevention and testing program. Oversight from the DHAPP program manager in Senegal, located in the OSC in Dakar, and a close working relationship with the US Embassy in Banjul, allow for the continued efforts of this program. Research Triangle Institute International (RTI) became an implementing partner in 2010, and supported trainings and logistics for the behavioral study.

## OUTCOMES & IMPACT

### Prevention and Health System Strengthening

In FY12, a total of 1,436 troops and their family members were reached with comprehensive prevention messages. This number is the population covered during the routine Armed Forces HIV/AIDS Prevention Program's sensitizations. The prevention program provides sensitizations sessions that are interactive classroom sessions between the resource persons and the participants.



Currently, the GAF has 1 facility, the Yundum Barracks that has the capacity to provide HTC services. This facility has been very active, offering HTC services to 648 people. These results include 629 military members and 19 civilians. The military component is composed of all those who were selected for overseas missions and those who came for routine clinic visits. Following the surveillance study the GAF will be moving to finger-prick rapid testing for HIV. In FY12, the GAF provided 15 adults and children with a minimum of 1 care service. They were all referred to public clinics to begin comprehensive care services. One challenge for the GAF is client tracking, but they are working on the issue.

Toward the goal of health system strengthening, the GAF trained 9 health care workers who successfully completed an in-service training program. Six (6) were trained on rapid testing diagnostics at the National Public Health Laboratories in the Gambia, 2 were trained on basic lab procedures, and 1 was trained on HIV/AIDS treatment.

DHAPP, RTI, and the GAF completed the seroprevalence and behavioral survey in FY12. DHAPP staff conducted visits to The Gambia in FY12 to launch the SABERS study with collaborating partners. The activities included training for survey data collection, analysis, and a dissemination workshop. Three (3) members of the GAF attended IMILHAC in May 2012.

### Proposed Future Activities

In FY13, the GAF plans to continue prevention efforts for military personnel and their families, and to increase HTC services.



# Ghana

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## BACKGROUND

### Country Statistics

The estimated population of Ghana is 24.6 million people, with an average life expectancy of 61 years. English is the official language of Ghana, which has an estimated literacy rate of 71.5%, unevenly distributed between men and women. Ghana is well endowed with natural resources, and agriculture, which employs over half of the workforce, accounts for roughly one quarter of the GDP. The services sector accounts for half of the GDP. Oil production began in late 2010 and is expected to foster economic growth. Gold and cocoa productions are major sources of foreign exchange. The GDP per capita is \$3,300. Sound macroeconomic management and high prices for oil, gold, and cocoa helped sustain GDP growth in 2008–12.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of Ghana is 1.5%, and there are approximately 230,000 PLHIV (UNAIDS website, February 2013). Identified risk factors include heterosexual contact with multiple partners, sexual contact with sex workers, and migration (HIV rates are higher in bordering countries, such as Côte d'Ivoire and Togo). According to the UNAIDS *AIDS Epidemic Update 2009*, low-risk heterosexual contact accounted for the largest proportion (30%) of estimated incident HIV infections in Ghana in 2008.

### Military Statistics

The Ghanaian Armed Forces (GAF) is composed of approximately 16,000 members, with an additional 10,000 supporting civilian employees. The troops are highly mobile and are currently engaged in several UN PKOs. According to



a prevalence study that was conducted in the GAF and independently of DHAPP, the HIV prevalence rate in the military appears to be lower than the rate in the general population. Ghana expends 1.7% of the GDP on the military.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The Ghana Armed Forces AIDS Control Programme and the GAF Public Health Division implement the HIV/AIDS program. DHAPP staff provides technical assistance and support to the GAF's program along with the OSC in Accra. Additionally, a program manager was hired and reports to the OSC. In FY13, Jhpiego became an implementing partner for activities with the GAF; however, their activities are not reflected in this report because they did not fall within this reporting period.

### **Foreign Military Financing Assistance**

Ghana was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2005, 2007, and 2008. Related authorizations were released for execution in 2005, 2007, and 2010 (×2), respectively. The 2003 funding was fully employed for a cytometer, viral load analyzer, hematology analyzer, refrigerator, centrifuge, and supporting diagnostic supplies and reagents. The 2005 funding was fully employed for a biological safety cabinet, chemistry analyzers, centrifuge, hematology analyzer, and supporting equipment, supplies, and reagents. In 2012, some of the 2007–8 funding was employed for a GeneXpert IV instrument, and plans for the balance remain in development.

## OUTCOMES & IMPACT

### **Prevention and Health System Strengthening**

The GAF reported continued success in its prevention and care programs during FY12. Through prevention activities, 3,540 troops and family members were reached with small group-level preventive interventions that are based on evidence and/or meet the minimum standards required. Most of these sessions were held through activities at the 37th Military Hospital for its officers and dependents. When troops deploy on PKOs, they are tested for HIV prior to deployment, and peer educators are embedded in the units. In this reporting period, 4,354 military personnel were tested for HIV and received their results. This result is a decrease from last year and several factors contributed to it. They included a lack of personnel trained at the garrisons and a countrywide stock out of HIV test kits in the last quarter of the fiscal year.

Additional prevention activities include 2,204 pregnant women who were tested for HIV and received their results. Of these women, 31 received ARVs to reduce risk of mother-to-child transmission. The 37th Military Hospital provides clinical services to civilian clients, thus increasing the total number of clients anticipated to receive these services. More PMTCT clients were provided with services because of an increase in the number of pregnant women



being tested for HIV.

Additionally, 3 members of the GAF and the DHAPP Program Manager attended IMilHAC in May 2012.

## Care

During this reporting period, 212 HIV-positive adults and children received a minimum of 1 clinical service. All HIV-positive patients were screened for TB and 22% started TB treatment. Currently, the 37th Military Hospital is the only military facility that has the capacity to carry out comprehensive clinical laboratory tests. Some of the Medical Reception Stations have small laboratories that provide limited tests.

## Proposed Future Activities

In FY13, Jhpiego will collaborate with the GAF and support expanded prevention, care, and treatment services for the GAF.





# Guinea



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## BACKGROUND

### Country Statistics

The estimated population of Guinea is 11 million people, with an average life expectancy of 59 years. French is the official language of Guinea, which has an estimated literacy rate of 41%, unevenly distributed between men and women. Guinea possesses major mineral, hydropower, and agricultural resources, yet remains an underdeveloped nation. The country has almost half of the world's bauxite reserves, as well as significant reserves of iron ore, gold, and diamonds. However, the country has been unable to profit from these resources. Subsequent to a military coup in 2008, international donors curtailed their development programs. Further, policies of the ruling military junta severely weakened the economy and drove inflation and debt to dangerously high levels. The junta collapsed in 2010, following an assassination attempt on its leader, and a transitional government was established. The country's first free and fair democratic elections were held in 2010, leading to the election of current president Alpha Conde. Conde announced a cabinet restructuring in October 2012 that removed three members of the military from their positions, thereby making the current administration the country's first all-civilian government. International assistance and investment are expected to return to Guinea, but it will be dependent upon the new administration's ability to combat corruption, reform the country's banking system, improve its business environment, and build infrastructure. Future economic growth is expected to be spurred by new mining codes established in September 2011 and long-range plans to deploy broadband internet throughout the country. The GDP per capita is \$1,100.





## HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of Guinea is 1.4%, with approximately 85,000 PLHIV (UNAIDS website, May 2013). Most cases of HIV in Guinea are spread through multi-partner heterosexual sex. In sub-Saharan Africa as a whole, women account for approximately 60% of estimated HIV infections. In Guinea, widowed women are nearly 7 times more likely to be living with HIV than single women, while divorced or separated women are over 3 times as likely to be infected as their single counterparts.

## Military Statistics

The Guinean Armed Forces (GAF) is estimated at 12,000 members. Guinea allocates 3.4% of the GDP for military expenditures. A nationwide HIV prevalence study done in 2001 indicated an HIV prevalence rate in the military of 6.6%, which is significantly higher than the general population. No further studies have been conducted within the GAF.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

Due to the political situation in Guinea, programmatic support was halted in September 2009. DHAPP and the US DAO in Conakry have re-engaged discussions with the GAF.

### Foreign Military Financing Assistance

Guinea was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2005 and augmented in 2006 and 2007. Related authorizations were released for execution in 2008 and 2009, respectively. As the bilateral military programs have been suspended, employment of this funding is on hold.

## OUTCOMES & IMPACT

DHAPP and the US DAO in Conakry have re-engaged discussions with the GAF about supporting prevention activities. Additionally, 2 members of the GAF attended IMilHAC in May 2012.

### Proposed Future Activities

Future activities are being planned for FY13 including condom procurement and distribution, rapid HIV test kit procurement, and the development of Information, Education, and Communication materials for HIV prevention.





# Liberia



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## BACKGROUND

### Country Statistics

The estimated population of Liberia is 3.8 million people, with an average life expectancy of 57 years. English is the official language, and the literacy rate is estimated at 61%, unevenly distributed between men and women. Civil war and governmental mismanagement have destroyed much of Liberia's economy, especially the infrastructure in and around Monrovia. Many businesses fled the country, taking capital and expertise with them, but with the end of fighting and the installation of a democratically elected government in 2006, some have returned. The new administration has taken steps to reduce corruption, increase international donors, and encourage private investment. Embargos on timber and diamond exports have also been lifted. Due to favorable prices for Liberia's commodities, the country achieved high growth during 2010–12. The GDP per capita is \$700.

### HIV/AIDS Statistics

The current HIV prevalence rate in Liberia's general population is 1.0% among adults 15–49 years of age. Liberia has 25,000 PLHIV (UNAIDS website, February 2013).



### Military Statistics

The size of the Armed Forces of Liberia (AFL) has drastically decreased from 14,000 to 2,000 troops in recent years. With assistance from the DoD, the new troops are well trained and well equipped. Liberia expends 1.3% of the GDP on its military.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The AFL and staff from the OSC at the US Embassy collaborate on the HIV prevention program. An in-country program manager oversees the activities. Since 2009, the Community Empowerment Program (CEP) of Liberia has been assisting the AFL in its fight against HIV and continues today.

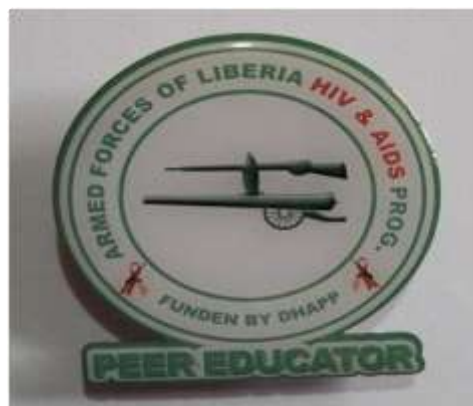
### Foreign Military Financing Assistance

Liberia was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2006 and augmented in 2007, 2008, and 2009. Related authorizations were released for execution in 2008 (×2), 2009, and 2010, respectively. The 2006–7 funding has been employed to date for an incinerator, autoclave and washer/dryer, with procurement of a centrifuge, biochemistry analyzer, microscope, refrigerator, CBC counter, rapid test kits, and supporting supplies/accessories on hold pending a clinic expansion. Employment of the 2008–9 funding is similarly on hold.

## OUTCOMES & IMPACT

### Prevention, Care and Health System Strengthening

Military personnel were trained in HIV/AIDS prevention, with a focus on basic facts, modes of transmission, distinguishing myths/facts, and common socioeconomic factors associated with the spread of the disease. In total, 271 troops and family members were trained in proper condom use, and the importance and identification of condom accessibility. For the first time, the AFL program was able to mobilize and conduct HIV/AIDS and STIs education sessions with commercial sex workers and drug users around one of the Liberian seaport area, which is in proximity to a Coast Guard station. In total, 97 most at risk individuals were reached with small group interventions.



The AFL has 3 HTC centers, and during FY12, 747 troops, family members, and civilians were counseled, tested, and received their results. CEP worked with the AFL to increase uptake of HTC services by troops, families, and civilian communities. The increased uptake in FY12 is attributable to the launch of the 2012 campaign on HTC at the Edward Binyah Kesselly Barracks. The campaign was launched with the slogan “Do Your HIV Test to Know Your Status.” The campaign hopes to mobilize the majority of the AFL soldiers and family members to participate in testing so that they will know their HIV status.

Additionally, 155 PLHIV were reached with a minimum package of PwP interventions. Care kits were provided by the AFL program during home-based care visits for to 18 HIV-positive individuals.

Toward the goal of health system strengthening, 9 health care workers

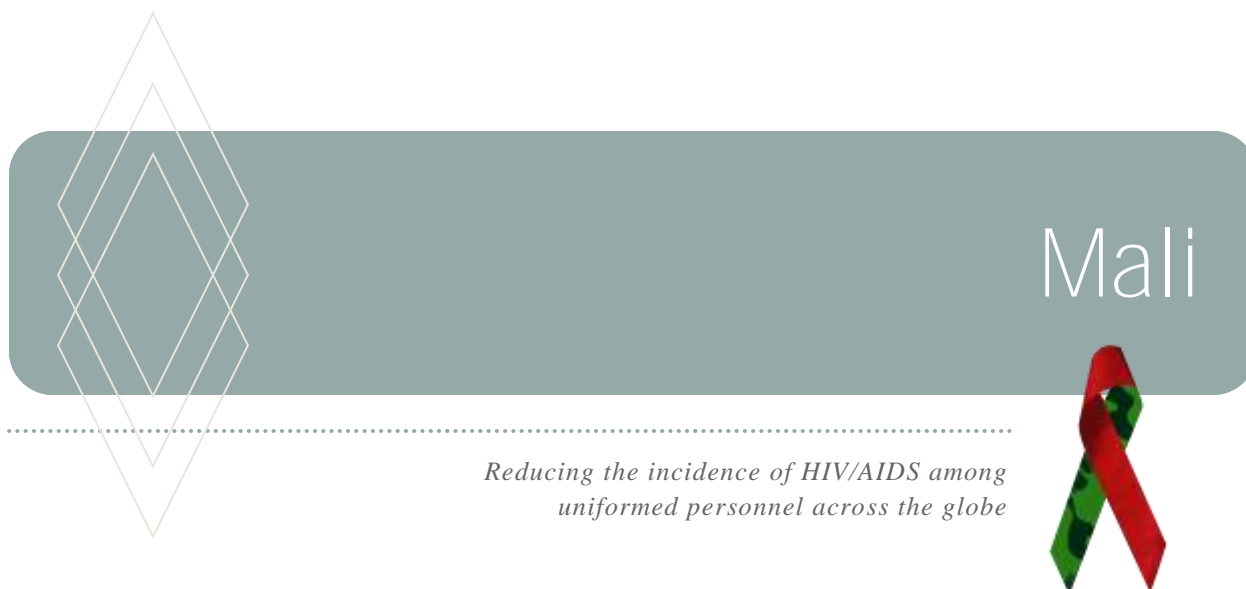


successfully completed in-service training. Two (2) representatives from the AFL and 1 member of the US military in Liberia attended IMilHAC in May 2012.

### **Proposed Future Activities**

In FY13, CEP will continue to act as an implementing partner, support the AFL's program, and provide the AFL with prevention strategies. In addition, the AFL, OSC, and DHAPP will continue to plan for the collection of SABERS data in 2014. A site visit is planned for June 2013 when the AFL's latest survey will be piloted.





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## BACKGROUND

### Country Statistics

The estimated population of Mali is 15.5 million people, with an average life expectancy of 53 years. French is the official language of Mali, which has an estimated literacy rate of 28%, unevenly distributed between men and women. Mali is among the poorest countries in the world and remains dependent on foreign aid. Revenue is highly dependent on gold mining and agricultural exports. Economic activity is largely confined to the river area irrigated by the Niger, since about 65% of its land area is desert or semi-desert. About one tenth of the population is nomadic, and around 80% of the labor force is engaged in farming and fishing. Industrial activity is concentrated on processing farm commodities. Mali has begun to develop its cotton and iron ore extraction industries in order to diversify its foreign exchange revenue. The country has also invested in tourism, although recent security concerns have hampered the industry. Mali experienced economic growth at a rate of 5% per year between 1996 and 2010, but a steep decline in output was seen in 2012 following the global recession and a military coup. The GDP per capita is \$1,100.



President Alpha Konare won Mali's first two democratic presidential elections in 1992 and 1997. In keeping with Mali's two-term constitutional limit, he stepped down in 2002 and was succeeded by Amadou Toure, who was elected to a second term in 2007 elections that were widely judged to be free and fair. Malian returnees from Libya in 2011 exacerbated tensions in northern Mali, and Tuareg ethnic militias started a rebellion in January 2012. Low- and mid-level soldiers, frustrated with the poor handling of the rebellion, overthrew Toure on 22 March. Intensive mediation efforts led by the Economic Community of West African States returned power to a civilian administration in April with the



appointment of interim President Dioncounda Traore. The post-coup chaos led to rebels expelling the Malian military from the three northern regions of the country, and allowed Islamic militants to set up strongholds. Hundreds of thousands of northern Malians fled the violence to southern Mali and neighboring countries, exacerbating regional food insecurity in host communities. A military intervention to retake the three northern regions began in January 2013, and within a month most of the north had been retaken. Democratic elections are scheduled for mid-2013.

### **HIV/AIDS Statistics**

The estimated HIV prevalence rate in Mali's general population is 1.1%, with approximately 110,000 PLHIV (UNAIDS website, February 2013). The primary modes of HIV transmission are heterosexual contact, sexual contact with sex workers, and STIs. According to the UNAIDS *AIDS Epidemic Update 2009*, Mali is 1 of 7 African countries that reports more than 30% of all sex workers are living with HIV.

### **Military Statistics**

The Malian Armed Forces (MAF), or Armée de Terre, ranges from 30,000–35,000 personnel, according to DHAPP staff. Mali allocates 1.9% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

Due to political instability, program activities ended in March 2012 per the Departments of State and Defense. Prior to that, DHAPP worked with the MAF and US Embassy personnel, including the DAO and OSC. In-country partner FHI 360 had established a collaborative relationship with the MAF, DHAPP, and US Embassy officials.

### **Foreign Military Financing Assistance**

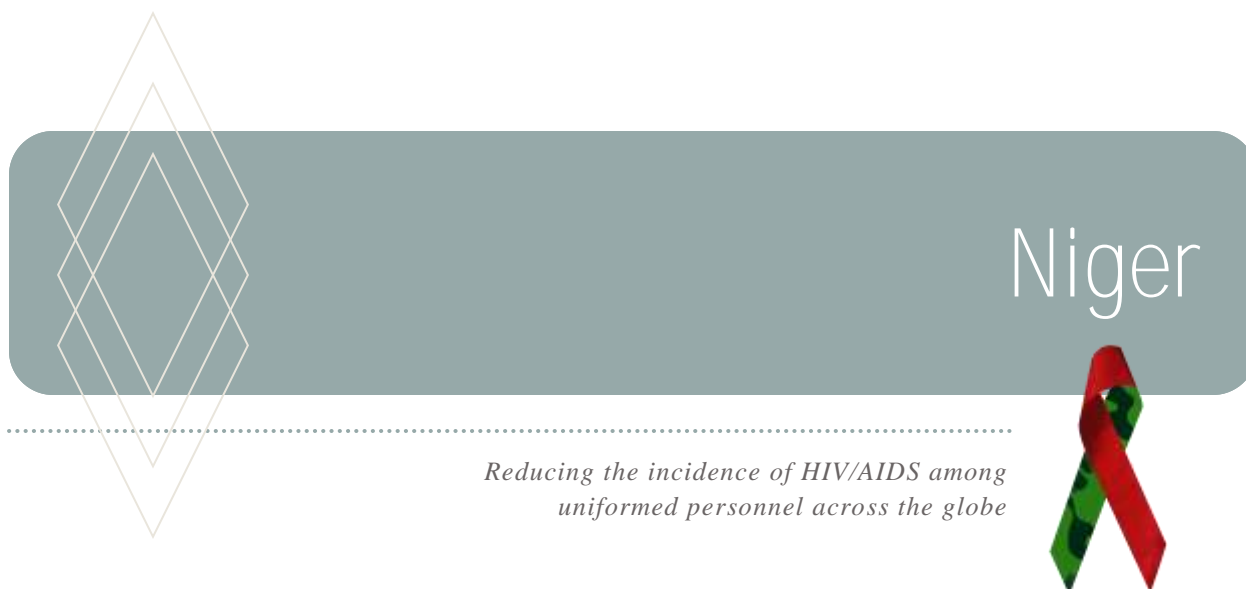
Mali was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2009, and the related authorization was released for execution in 2010. Since the bilateral military programs have been suspended, employment of this funding is on hold.

## **OUTCOMES & IMPACT**

### **Prevention and Health System Strengthening**

Prior to the conflict and instability, the program was able to reach, 5,907 troops, their family members, and civilians with prevention messages. These activities involved all aspects of prevention, including correct and consistent condom use. The PMTCT sites provided HTC services to 50 pregnant women. For all HTC services, 2,391 people were tested and received their results. Toward the goal of health system strengthening, 30 health care workers successfully completed in-service training.





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## BACKGROUND

### Country Statistics

The estimated population of Niger is 16 million people, with an average life expectancy of 54 years. French is the official language, and the literacy rate is estimated at 29%, unevenly distributed between men and women. Niger is one of the poorest countries in the world, with minimal government services and insufficient funds to develop its resource base. Niger's economy centers on subsistence agriculture, livestock, and some of the world's largest uranium deposits, although nearly half of the country's budget is derived from foreign donors. About 40% of GDP is dependent on agriculture, which provides livelihood for about 90% of the population. The largely agrarian and subsistence-based economy is frequently disrupted by extended droughts common to the Sahel region of Africa. Economic growth may be maintained through exploitation of the country's mineral resources, including gold, coal, and oil. Niger has sizable oil reserves, and oil production and exports are expected to grow significantly by 2016. In February 2010, a military coup deposed President Tandja and held elections. Power was turned over to the current president, Issoufou Mahamadou, in April 2011 in a peaceful transition to democratic power. Current problems facing the country include food security, which has been exacerbated by refugees from Mali, and the risk of strikes. The GDP per capita is \$900.



### HIV/AIDS Statistics

The current HIV prevalence rate in Niger's general population is 0.8%, with approximately 65,000 Nigerien PLHIV (UNAIDS website, February 2013).



## **Military Statistics**

Niger allocates 1.3% of the GDP for military purposes. The Forces Armées Nigériennes (FAN) is estimated at approximately 5,000 active-duty members. The prevalence of HIV within the FAN is unknown.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

DHAPP staff have been collaborating with the DAO at the US Embassy in Niamey and the FAN on an HIV/AIDS program. The implementing partner in FY12 was Animas-Sutura.

## **OUTCOMES & IMPACT**

In FY12, 8 peer educators and 6 supervisors were trained. A total of 468 military recruits were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum standards required.

Four (4) health care workers completed training in comprehensive HIV prevention, care, and treatment, and 1 laboratory assistant was trained in quality assurance for HIV screening. A CD4 machine was delivered to the main military hospital laboratory.

DHAPP staff visited Niger in FY12 and met with Embassy personnel and Nigerienne FAN medical leadership.

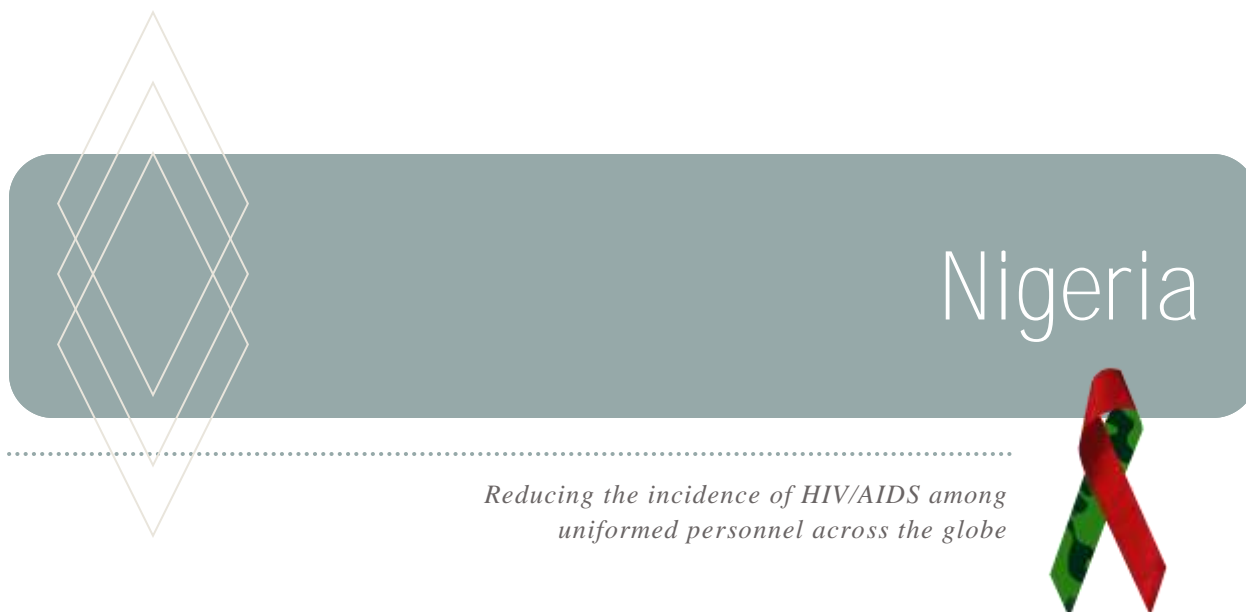
Two (2) members of the FAN attended IMilHAC in May 2012. Two (2) members of the FAN participated in a laboratory course at IDI.

### **Proposed Future Activities**

US Embassy staff in Angola, along with Animas-Sutura will continue work with the FAN to provide HIV prevention services with a focus on institutionalization of the recruitment phase training. Activities will include increased prevention efforts and lab support.







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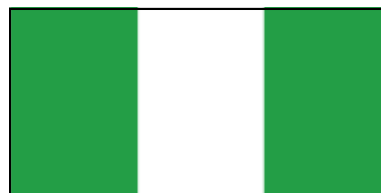
## BACKGROUND

### Country Statistics

Nigeria has an estimated population of 170 million people, with an average life expectancy of 52 years. English is the official language of Nigeria, which has an estimated literacy rate of 61%, unevenly distributed between men and women. Following nearly 16 years of military rule, a new constitution was adopted in 1999, and a peaceful transition to civilian government took place. Although rich in oil, Nigeria has been plagued by political instability, corruption, inadequate infrastructure, and poor macroeconomic management; however, the country began to pursue economic reforms in 2008. The current president has pledged to continue the economic reforms of his predecessor. These reforms emphasize infrastructure since it is the main impediment to growth. The oil sector provides 95% of Nigeria's foreign exchange earnings, and about 80% of its budgetary revenues. The GDP rose sharply in 2007–11 due to growth in non-oil sectors, as well as high global crude oil prices. The GDP per capita is estimated at \$2,700.

### HIV/AIDS Statistics

Nigeria has a prevalence rate of 3.7% among adults 15–49 years of age, and an estimated 3.4 million PLHIV (UNAIDS website, February 2013). Identified risk factors include STIs, heterosexual contact with multiple concurrent partners, mother-to-child transmission, and blood transfusions. Nigeria is 1 of 7 African countries that reports over 30% of all sex workers are living with HIV (UNAIDS *AIDS Epidemic Update* 2009).



### Military Statistics

The Nigerian Ministry of Defence (NMOD) has 4 components: Army, Navy, Air Force, and civilian NMOD employees. The government allocates



approximately 1.5% of the GDP to military expenses. The NMOD medical facilities serve active-duty members, their families, retired members, and civilians in the surrounding communities. The uniformed strength is estimated at 80,000 active-duty members. Total catchments of patients are estimated at 1.2 million individuals (NMOD, unpublished data). HIV-1 screening is only mandatory upon application to the uniformed services, peacekeeping deployment/redeployment, and for those individuals on flight status. HIV prevalence figures or estimates for the military have not been published.

## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The USMHRP maintains a fully serviced agency based at the US Embassy in Abuja. This office is known as the Walter Reed Program–Nigeria (WRP-N). The office is staffed by civilian USG employees, locally employed staff, and contract employees. The program and its personnel are divided into PEPFAR and research sections. The office executes both program implementation and PEPFAR (USG) agency management activities. Agency activities include active participation in USG Technical Working Groups (TWGs), development of the USG strategic vision, and COP planning and development.

In addition to the USG country-level management activities, the office also directly implements PEPFAR activities in partnership with the NMOD, from whom counterpart funding has been leveraged annually since 2005. This NMOD–WRP-N partnership is dedicated to expanding prevention, care, and treatment services in military and civilian communities. The NMOD–WRP-N PEPFAR program is governed by a steering committee, co-chaired by the Nigerian Minister of State for Defence and the US Ambassador to Nigeria, and includes representatives from the Nigerian Federal Ministry of Health and the National Agency for the Control of AIDS.

The program’s full collaboration with the NMOD has provided a strong foundation for creating and implementing activities that are aimed at improving infrastructure, increasing capacity, and ensuring the absorption of the program into the normal health care delivery system. These objectives are critical for sustainability, and a model for host-nation ownership of the program. The fact that the WRP-N both implements and participates at the USG TWG level also helps shape policies, formulations, and decisions on HIV programming in the country is reflective of NMOD and Nigerian national needs.

WRP-N is supported by US-based USMHRP staff with technical and administrative support and oversight; DHAPP, through contracting, financial, and technical collaboration from San Diego and Naples; and USMHRP through overseas technical support from Kenya, Uganda, and Thailand.

### **Prevention**

In FY12, the NMOD–WRP-N continued prevention programming at military sites. Through their efforts, 14,806 individuals were targeted with individual and/or small group-level preventive interventions that are based on evidence



and/or meet PEPFAR standards. The program did not meet its targets this reporting period. This was due to the security issue that arose in the last year since most NMOD sites are located in areas with USG travel restrictions. Thus, access to site-based activities has been greatly affected. In addition, there are increased security checks of military barracks and activities occurring within these communities. This has greatly affected the implementation of sexual transmission prevention activities by barrack groups and our ability to provide the necessary support required by these barrack groups to implement these activities. In addition, 85,980 clients received HTC and their results through health facilities, mobile outreaches, enlistment, and PKO deployment exercises. The program exceeded its targets for HTC services. This was made possible by the scale up of quality HTC service integration into military applicant medical screening activities, increased Provider Initiated Counseling and Testing services to couples, TB clients, pregnant women, and pediatric patients across the military treatment facilities. In addition, the increased transition of task shifting of counselor/tester responsibilities to lay persons increased the number of people who could be counseled and tested on the same day.

During FY12, the NMOD-WRP-N continued PMTCT activities at all military facilities supported by the program. A total of 12,403 pregnant women received HTC during this reporting period. In addition, 1,355 of the HIV-positive pregnant women received ARVs to reduce risk of mother-to-child-transmission. The program achieved 95% of its target (12,403 out of 13,120). This achievement was made possible due to the addition of 8 PMTCT sites; 5 of which are located at Abuja, 2 sites at Lagos, and 1 site at Makurdi, Benue State. Fifty-nine (59) health care workers (including doctors, nurses, and midwives) were trained to provide quality PMTCT services. In order to increase access to HTC for all pregnant women and issuance of same-day results, midwives conduct HIV testing, with laboratory staff providing quality assurance. Outreach activities were conducted at surrounding primary health care facilities without PMTCT services and pregnant women were provided with HTC. Pregnant women testing HIV positive were referred to PMTCT services.

A total of 138 individuals were provided with postexposure prophylaxis (PEP). This number consists of 81 individuals who were occupational exposures and 57 individuals due to non-occupational exposure (including rape or sexual assault). The program disaggregates this indicator based on exposure type. A national PEP register is provided for use at each site to track the identified cases.

## Care

The NMOD-WRP-N has 20 sites and supports military facilities that provide HIV/AIDS services to the NMOD, their dependents, and civilians living near the facilities. During FY12, 33,291 eligible adults and children were provided with a minimum of 1 clinical care service from the NMOD-WRP-N. The program achieved 95% of its target (33,291 out of 35,197). This was due to the transition of 68 NARH Yaba Lagos, expansion of an additional site to 108 NAFH Abuja, and the increased drive to enroll more PLHIV into care. All PLHIV are provided with a basic care kit for malaria prevention, water

**33,291**  
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sanitation, and positive living. The diagnoses of major OIs and STIs have been strengthened at all supported sites to improve the quality of clinical care being provided to PLHIV. Continuous Quality Improvement activities at the sites as well as telephone tracking of clients missing clinic appointments and text message reminders have helped improve retention in care. In addition, 25,165 HIV-positive persons received cotrimoxazole prophylaxis, 89% of HIV-positive patients were screened for TB in HIV care or treatment settings, and 2% of HIV-positive patients in HIV care or treatment (pre-ART or ART) started TB treatment.

Continuity of care is the goal of the care and support program, and priority areas include PwP, early diagnosis of HIV infection, nutrition, cotrimoxazole prophylaxis, pain management, palliative care, linkage and retention in care, malaria prevention, and safe water and hygiene. In FY12, the NMOD provided 22,144 PLHIV with a minimum package of PwP interventions. Twenty-five (25) health care workers were trained on STI training to improve STI diagnosis in FY12.

### **Treatment**

Of the 20 service sites that provide ART for the NMOD, 3,665 adults and children with advanced HIV infection were newly enrolled on ART. At the end of the reporting period, 18,474 adults and children with advanced HIV infection received ART and were reported as “current” on ART. Training, adherence counseling, use of treatment supporters, and a contact tracking system are strategies that were used to improve retention of clients on treatment.

### **Laboratory**

In line with the Global Health Initiative principles, the NMOD has integrated enhanced malaria detection methods in its 23 sites for clients infected with HIV. The labs continued to work toward accreditation in the WHO–AFRO laboratory accreditation program during FY12. There are 23 laboratories out of the proposed of 25 working towards accreditation, which is 92% of the COP target. The basic challenge in meeting 100% of the target is the delay in procuring the required laboratory items for activation as a result of the procuring agents bureaucratic process. These laboratories are counted based on their abilities to perform diagnosis of HIV infection using rapid test kits and clinical laboratory tests in the areas of haematology, clinical chemistry, serology, CD4 enumeration, TB, malaria, and OIs diagnosis.

### **Proposed Future Activities**

In the next year, the program will continue to build upon activities previously highlighted, focusing intently on quality assurance initiatives and interventions that aim toward sustainability. The program will also continue to leverage counterpart funding from the NMOD. In keeping with USG mandates, WRP-N is committed to aligning its priorities with those of the Nigerian Government to strengthen the organizational and technical capacity of the NMOD. Proposed activities were submitted to the Nigeria Country Support Team by the Embassy and were included in the FY13 COP.





## BACKGROUND

### Country Statistics

The estimated population of Senegal is 13 million people, with an average life expectancy of 60 years. French is the official language of Senegal, which has an estimated literacy rate of 39%, unevenly distributed between men and women. In 1994, Senegal undertook an ambitious economic reform program with the support of the international donor community. After seeing its economy contract by 2.1% in 1993, Senegal implemented its reform program and saw a real growth in GDP, averaging over 5% annually during 1995–2007. Economic growth was reduced to 2.2% in 2009 due to the global economic downturn, and the economy finally began to rebound in 2012. Phosphate mining, fertilizer production, and commercial fishing comprise the country's key export industries. The country has also embarked on iron ore and oil exploration projects. Senegal receives disbursements from the \$540 million Millennium Challenge Account, signed in September 2009 to support infrastructure and agriculture development. The country continues to suffer from an unreliable power supply, which has resulted in public protests and high unemployment. The GDP per capita is \$1,900.



### HIV/AIDS Statistics

The HIV prevalence rate in Senegal's general population is estimated at 0.7%, with approximately 53,000 PLHIV (UNAIDS website, February 2013). Senegal is considered to have a concentrated epidemic. Although the HIV rate in the general public has been consistently low, specific vulnerable populations have much higher prevalence rates among sex workers and men who have sex with men. According to the UNAIDS AIDS Epidemic Update 2009, recent modes of transmission analysis indicate that men who have sex with men may account for up to 20% of incident HIV infections in Senegal.



## Military Statistics

The Senegalese Armed Forces (SAF) consists of approximately 14,000 active-duty members. Senegal expends 1.4% of the GDP on its military. In 2006, the SAF conducted a behavioral and biological surveillance survey. The study found that from a sample of 745 SAF personnel, the HIV infection rate was 0.7%, and that their knowledge of HIV had improved from 2002 (61% in 2002 to 89% in 2006). There is no mandatory testing, but HTC is provided throughout the military at mobile and static centers.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The SAF HIV/AIDS program is a collaborative effort between the AIDS Program Division of the SAF, the OSC at the US Embassy, MoH, National Committee for the Fight Against AIDS (CNLS), and DHAPP. An in-country program manager at the OSC works with SAF personnel and DHAPP staff to manage the program. The program manager also works with other USG agencies that are PEPFAR members in Senegal. Senegal is a bilateral PEPFAR program and has a Country Support Team.

### Foreign Military Financing Assistance

Senegal was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2006, 2007, 2008, and 2009.



Related authorizations were released for execution in 2004, 2007, 2009, and 2010 (x2), respectively. The 2003 funding was fully employed for a cytometer, immunoassay equipment, hematology analyzer, rapid test kits, and other supporting diagnostic supplies and reagents. The 2004 funding was employed for an immunoassay analyzer, hematology analyzer, minor lab equipment, rapid test kits, and other supporting diagnostic supplies and reagents. Employment of the balance of 2004 and all 2006–8 funding is certain during 2013, and plans for the 2009 funding are currently being purchased.

### Prevention

Since its inception, the SAF HIV/AIDS program has promoted comprehensive prevention. The STI and HIV/AIDS prevention program used Information, Education, and Communication approaches to reach 15,874 troops. The SAF conducts dynamic sensitizations for soldiers and their families. Sensitizations often include both soldiers and their wives. SAF conducted sensitization campaigns in the regions of Dakar, Kolda, and Tambacounda in collaboration with the wives' club to ensure that women were reached. Several times a year, the SAF organizes AIDS days for new recruits to ensure that they understand HIV/AIDS and how to protect themselves. The SAF targets vulnerable groups:



new recruits, peacekeepers, and military officers in post-conflict zones.

During the reporting period, 15 PMTCT sites provided services. The SAF continues to promote HIV testing of pregnant women at each of its 15 PMTCT sites through provider-initiated testing. The SAF has rapidly expanded the number of PMTCT sites since 2005. Addressing the health of wives as well as soldiers remains a priority. A total of 1,837 women were counseled and tested. The PMTCT program offers sensitization for pregnant women and wives to better inform them of their choices and their role in the epidemic, as well as the options available to them. There is now a focus on engaging husbands and encouraging their wives to get tested when pregnant.

Sixteen (16) service outlets provide HTC for the SAF. A total of 8,036 troops were counseled and tested and received their test results. About 75% of the individuals were tested through mobile services and 25% received services at fixed sites. The SAF conducts HTC throughout the country, including Tambacounda, Kolda, and Ziguinchor, where HIV prevalence is highest.

Additionally, there were 951 individuals that tested positive for an STI. It encourages both soldiers and their families to get tested. In addition, the SAF works with the General's wife to reach out to wives and ensure that they are included in HIV activities. Counseling is conducted by either medical physicians or social assistants. Chiefs of the troops in the regions are always the first to be tested, followed by their troops. Many of the troops that were tested will deploy on PKOs to Darfur, the Democratic Republic of the Congo, Haiti, Mali, and Côte d'Ivoire.



## Care

Palliative care services are provided by the regional chief medical officers in the different military zones serving both troops and family members. There are 18 service outlets for the SAF throughout Senegal. The majority of the patients were monitored at the Hoptial Militaire de Ouakam (HMO). During FY12, 306 PLHIV received a minimum of 1 clinical service. The SAF has a strong training program to ensure that health personnel can provide quality HIV/AIDS care.

## Treatment

The SAF has 5 service outlets that provide ART: HMO in Dakar, 2 new regional medical clinics in Ziguinchor and Tambacounda, and sites in Kaolack and Kolda. Thirteen (13) laboratories have the capacity to perform clinical laboratory tests, and only the laboratory in Dakar has the capacity for CD4 testing. Military personnel who cannot reach HMO are referred to regional civilian hospitals for CD4 testing. ART at the regional level is carried out in close collaboration with the Senegalese Regional Coordination Committees to fight against AIDS and the decentralized CNLS regional programs. In FY12, 31 PLHIV were newly enrolled on ART, and 200 clients were currently receiving ART.



Toward the goal of health system strengthening, 85 people successfully completed in-service training. Three (3) members of the SAF and the DHAPP Program Manager attended IMilHAC in May 2012.

### **Proposed Future Activities**

Continued comprehensive HIV programming for the SAF was proposed by the Embassy to the PEPFAR Senegal Country Support Team and DHAPP. Some of these activities include continued prevention efforts, drafting HIV policy, and SAF capacity development.





# Sierra Leone

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## BACKGROUND

### Country Statistics

The estimated population of Sierra Leone is 5.5 million people, with an average life expectancy of 57 years. English is the official language of Sierra Leone, which has an estimated literacy rate of 35%, unevenly distributed between men and women. The government is slowly reestablishing its authority after the 1991–2002 civil war. Sierra Leone is an extremely poor nation with much inequality in income distribution. Although there are substantial mineral, agricultural, and fishery resources, its physical and social infrastructure is not well developed. Almost half of the working-age population engages in subsistence agriculture. The GDP per capita is \$1,400. The economy depends on maintaining domestic peace and continuation of foreign aid in order to offset the severe trade imbalance and supplement government revenues. The only major source of hard currency earnings is alluvial diamond mining, which accounts for nearly half of the country's exports. However, political stability has led to a revival of economic activity, including the restoration of both bauxite and rutile mining. Offshore oil reserves were discovered in 2009 and 2010, and while full development of the reserves is years away, growth skyrocketed to 20% in 2012 following the commencement of exploration activities.



### HIV/AIDS Statistics

The HIV prevalence rate in Sierra Leone's general population is estimated at 1.6%, with approximately 49,000 PLHIV (UNAIDS website, February 2013). Prevalence rates are thought to be higher in urban than in rural areas. Identified significant risk factors include high-risk heterosexual contact and contact with sex workers.



## **Military Statistics**

The Republic of Sierra Leone Armed Forces (RSLAF) consists of approximately 11,000 active-duty members. Sierra Leone expends 2.3% of the GDP on military purposes. The RSLAF undertook a seroprevalence and behavioral study of its troops in 2007. The findings from the study revealed a prevalence rate of 3.29%, twice that of the general population. Planning is under way with DHAPP on another study to be conducted among the RSLAF in 2013.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

The RSLAF HIV/AIDS program began in spring 2002. It is a collaborative effort between DHAPP, the DAO at the US Embassy, and the RSLAF. The relationship has fostered many advances in this program.

### **Foreign Military Financing Assistance**

Sierra Leone was awarded Foreign Military Financing funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004, 2006, 2007, 2009, and 2010. Related authorizations were released for execution in 2005, 2007, 2008, 2009, and 2010, respectively. The 2003 funding was fully employed for HIV test kits, hepatitis B rapid test kits, generators, and a dry hematology analyzer. The 2004 funding has been almost fully employed for HIV test kits, a microplate reader and washer, cytometers, generators, and other supporting diagnostic supplies and reagents. The 2006–9 funding has been employed to date for IDI laboratory testing/procedure training, blood bank refrigerators, a hematology analyzer, a biochemistry analyzer, refrigerators, microscopes, colorimeters, an electrophoresis machine, spectrophotometers, hematocrit machines, and multiple types of test kits/strips. Plans for employment of the 2010 funding are in development.

## **OUTCOMES & IMPACT**

### **Prevention and Health System Strengthening**

In FY12, 543 troops and family members were reached with comprehensive prevention messages. Among the many prevention activities is having the peer educators bring their spouses to trainings, which emphasizes the importance of partner HIV knowledge. The RSLAF supported 20 condom service outlets. Two (2) outlets provided HTC services for military members, and 1,986 troops were tested for HIV and received their results. PMTCT services were provided to 462 pregnant women and 30 of them received ARVS.

The 34 Military Hospital Laboratory in Freetown was renovated, extended, and supplied with modern equipment in FY10 and is currently the only laboratory that supports HIV/AIDS in the RSLAF nationwide.

DHAPP and the RSLAF have been collaborating and developing the protocol



for the upcoming SABERS. Implementation of the study and data collection will begin in FY13. Additionally, 3 members of the RLSAF and the 2 DHAPP Program Managers attended IMilHAC in May 2012.

### Care and Treatment

One (1) service outlet provides palliative care for the RSLAF. In FY12, 101 PLHIV received a minimum of 1 care service and 55 of them received cotrimoxazole prophylaxis. Additionally, 98 HIV-positive clinically malnourished clients received therapeutic or supplementary food. The Of the 95% of HIV-positive patients who were screened for TB, 32% of them began TB treatment. Two (2) service outlets provide ART for RSLAF members, family, and civilians in the area. During the year, 96 individuals were newly enrolled on ART, and at the end of the reporting period, 276 individuals were currently receiving ART.

### Proposed Future Activities

Future planned activities include increasing PwP services efforts for troops, family members, and civilians in the surrounding areas, and implementation of a SABERS with data collection is scheduled for FY13.





# Togo



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## BACKGROUND

### Country Statistics

The estimated population of Togo is 7 million people, with an average life expectancy of 63 years. French is the official language, with other major African languages spoken in the north and south. The literacy rate is estimated at 61% and is unevenly distributed between men and women. This small, sub-Saharan country's economy is heavily dependent on both commercial and subsistence agriculture, which provide employment for much of the labor force. Cocoa, coffee, and cotton generate about 40% of export earnings; cotton is the most important cash crop. Togo is a top producer of phosphate and the country seeks to develop its carbonate phosphate reserves. Foreign direct investment has



slowed in recent years, although Togo completed its International Monetary Fund (IMF) Extended Credit Facility in 2011 and reached a debt relief completion point in 2010, at which time 95% of the country's debt was forgiven. The GDP per capita is \$1,100. Togo is currently working with the IMF on structural reforms, and continued progress depends on follow-through with privatization, increased openness regarding government operations, and progress toward legislative elections.

### HIV/AIDS Statistics

The current HIV prevalence rate in Togo's general population is 3.4%, with a total of approximately 150,000 Togolese PLHIV (UNAIDS website, February 2013). The primary identified risk factor is heterosexual sex with multiple partners. According to the UNAIDS *AIDS Epidemic Update 2009*, declines in HIV prevalence among antenatal clinic attendees have been documented in Togo.



## Military Statistics

The Togolese Armed Forces (TAF), or Forces Armées Togolaise, is composed of approximately 9,000 personnel. A seroprevalence study in the TAF was conducted, but results will not be publicly released. Togo allocates 1.6% of the GDP for military purposes.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff collaborated with US Embassy staff from the Political/Economic/Public Affairs Office in Lomé, the OSC in Ghana, and the TAF on its HIV/AIDS program. Additionally, a DHAPP program manager was hired in Lomé to assist with managing program activities since 2011. An implementing partner, Association des Militaires, Anciens Combattants, Amis et Corps Habillés (AMACACH), is assisting the TAF with its programming.

### Foreign Military Financing Assistance

Togo was awarded Foreign Military Financing (FMF) funding for the acquisition of laboratory equipment, and supporting reagents and supplies related to the diagnosis and treatment of HIV/AIDS. This award was initiated in 2003 and augmented in 2004 and 2006. Related authorizations were released for execution in 2004 and 2009 (×2), respectively. The 2003 funding was fully employed for a hematology analyzer, microscope, refrigerator, supplies, and rapid test kits. The 2004–6 funding has been employed to date for chemistry analyzers, Olympus microscopes, generators, autoclaves, distillers, a cytometer, and hematology analyzer. Plans for employment of unobligated balances remain in development.

## OUTCOMES & IMPACT

### Prevention and Health System Strengthening

Senior leadership of the TAF is encouraging its members and their families to get tested for HIV and to allow AMACACH to assist them with HTC services. In FY12, 19,648 individuals received HTC services and received their results. A total of 2,531 pregnant women received HTC services and 27 of them received ARVs to reduce risk of mother-to-child-transmission. An increasing number of pregnant women are going to the hospital for pregnancy consultations. Most are attending the PMTCT sites and prefer to deliver at the hospital. This appears to be a result from the awareness trainings performed at the military bases where PMTCT services are discussed.

In FY12, 1,148 health care workers successfully completed an in-service training program. They were trained in various areas such as care services for adults and children, medication adherence, OIs, food and nutrition services, and HIV/TB co-infection.





DHAPP staff visited Togo in December 2011 to meet with the TAF as well as conduct site visits and provide technical assistance for the HIV prevention programs. Three (3) representatives from the TAF and the in-country DHAPP Program Manager attended IMilHAC in Mozambique in May 2012.

### Care and Treatment

Three (3) military clinics at Gendarmerie Nationale Togolaise, Camp General Gnassingbé Eyadéma, and Pediatrie du Camp Gnassingbé Eyadéma offered care services and provided a minimum of 1 care service to 2,618 individuals. In FY12, 228 HIV-positive individuals received cotrimoxazole prophylaxis. There were 707 individuals with advanced HIV infection who were currently receiving ART during the reporting period. A total of 2,393 military and family members living with HIV were reached with a minimum package of PwP interventions. In FY12, there were 2 testing facilities with the capacity to perform HIV and STI diagnostic tests. These facilities are located at the military bases in Kara and Lomé.

### Proposed Future Activities

US Embassy staff in Togo and Ghana, along with AMACACH, will work with the TAF to strengthen its HIV program. Activities will include increased prevention efforts, HTC services, lab support, and stigma reduction efforts.







# US CENTRAL COMMAND

## *Winning battles in the war against HIV/AIDS*



With national and international partners, USCENTCOM promotes cooperation among nations, responds to crises, deters or defeats state and nonstate aggression, and supports development and, when necessary, reconstruction in order to establish the conditions for regional security, stability, and prosperity. USCENTCOM supports DHAPP's efforts in its area of responsibility as a significant medical engagement approach ultimately serving to build partner capacity, promote cooperation among nations and enhances development. DHAPP significantly assists with theater security cooperation goals and objectives and is consistent with increasing regional security, stability, and prosperity.

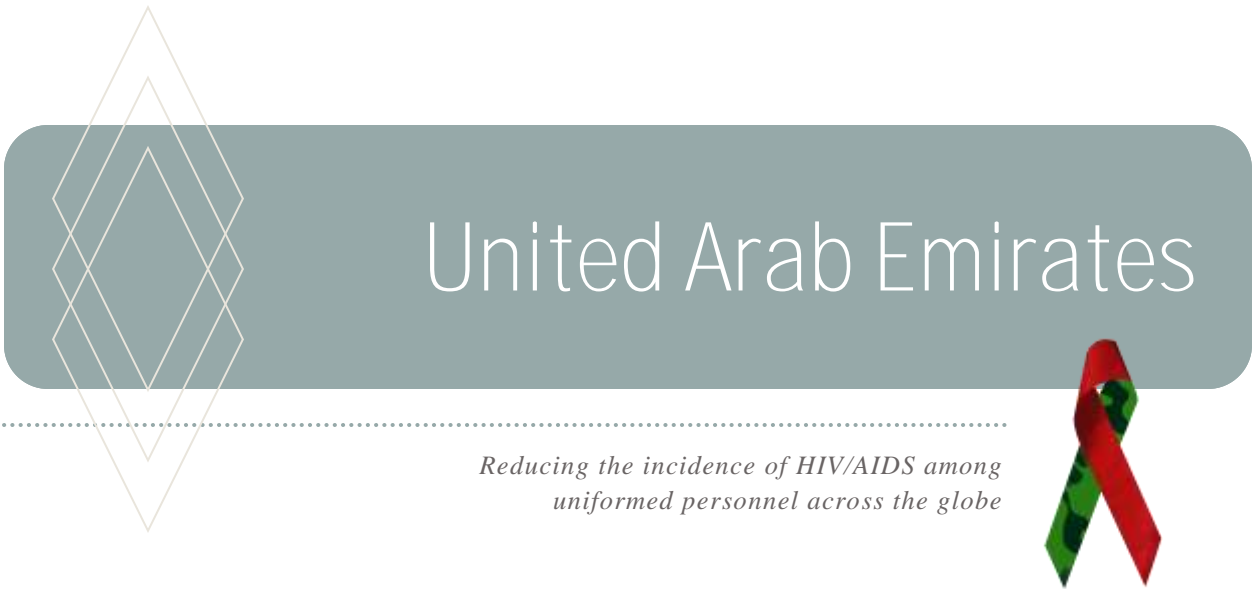




## Active Country Programs Within **US Central Command's Area of** Responsibility







*Reducing the incidence of HIV/AIDS among  
uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

The estimated population of the United Arab Emirates (UAE) is 5.3 million people, with an average life expectancy of 77 years. Arabic is the official language of the UAE, which has an estimated literacy rate of 78%, unevenly distributed between men and women. The UAE has an open economy with a high per capita income and a sizable annual trade surplus. Successful efforts at economic diversification have reduced the portion of the GDP based on oil and gas output to 25%. The UAE has undergone a profound transformation from an impoverished region to a modern state with a high standard of living since oil was discovered over 30 years ago. The economy is expected to continue a slow rebound. Significant long-term challenges include dependence on oil, a large expatriate workforce, and growing inflation pressures. The focus of UAE's strategic plan for the next several years is on diversification and the creation of more opportunities for nationals through improved education and increased private sector employment. The GDP per capita is \$49,000.

### HIV/AIDS Statistics

The estimated prevalence rate in the UAE is 0.2% according to the UNAIDS website. Heterosexual contact is the primary mode of transmission.





## Military Statistics

The UAE spends 3.1% of the GDP on the United Arab Emirates Armed Forces (UAEAF). The UAEAF consists of approximately 51,000 active-duty members. The UAEAF is composed of an Army, Navy (including Marines), Air Force, Air Defense, and Coast Guard Directorate.



## PROGRAM RESPONSE

### Ongoing Assistance

UAEAF and DHAPP have had a technical collaborative relationship for several years to develop and implement an HIV prevention program for the UAEAF.

## OUTCOMES & IMPACT

In FY12, 2 UAEAF medical staff spent a week in San Diego to meet with DHAPP staff to discuss continued program development. Topics included prevention programming, monitoring and evaluation strategies, surveillance, and epidemiology strategies. Additionally, 2 physicians from the UAEAF attended IMilHAC in May 2012.

### Proposed Future Activities

In FY13, DHAPP will continue to provide technical assistance on the development and implementation of the curriculum and evaluation methods.





# US EUROPEAN COMMAND

## *Winning battles in the war against HIV/AIDS*



The USEUCOM mission is to conduct military operations, international military partnering, and interagency partnering to enhance transatlantic security and defend the United States forward. USEUCOM does this by establishing an agile security organization able to conduct full-spectrum activities as part of whole government solutions to secure enduring stability in Europe and Eurasia. The USEUCOM vision is to eliminate HIV/AIDS as a threat to regional stability through partnerships and interagency collaboration. HIV/AIDS prevention is one of USEUCOM's health security cooperation tools used in support of the USEUCOM Strategy of Active Security.

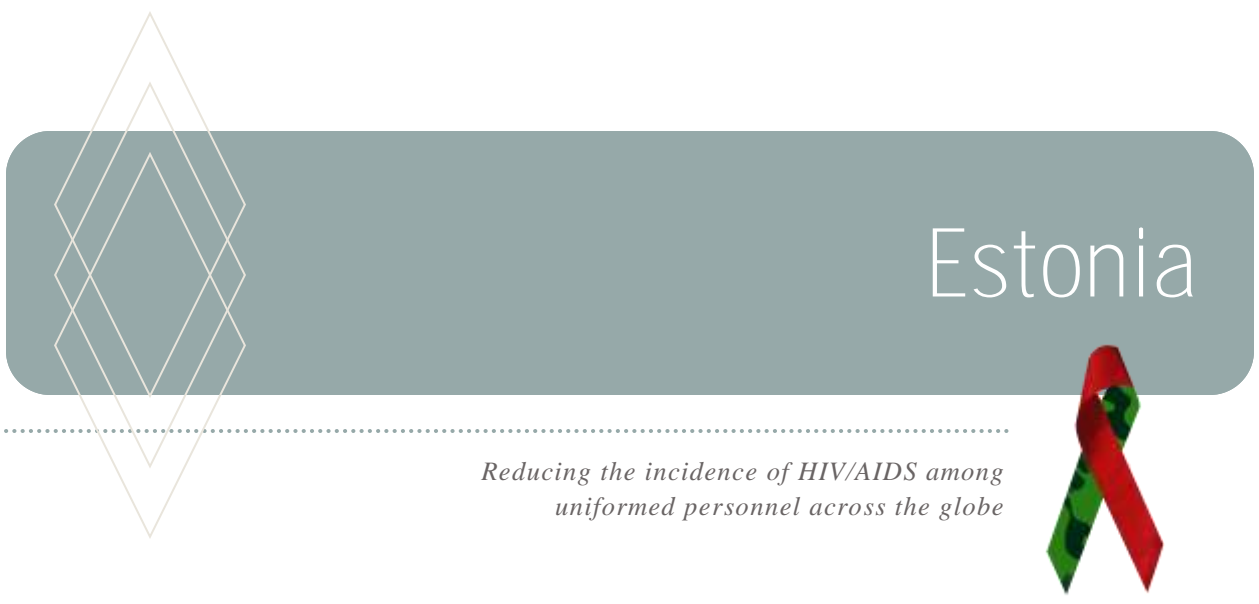




## Active Country Programs Within **US European Command's Area of** Responsibility







*Reducing the incidence of HIV/AIDS among  
uniformed personnel across the globe*

## BACKGROUND

### Country Statistics

The estimated population in Estonia is 1.3 million people, with an average life expectancy of 74 years. Estonian is the official language, and the literacy rate is estimated at 99.8%, evenly distributed between men and women. In spring 2004, Estonia joined both NATO and the European Union, and later joined the Organisation for Economic Co-operation and Development in 2010. Estonia has a modern, market-based economy and the euro was adopted as the official currency in January 2011. The economy fell into a recession in 2008 and the GDP contracted 14.3% in 2009, but due to increased foreign investment after adoption of the euro, the Estonian economy now has the one of the highest GDP growth rates in Europe. The GDP per capita is \$21,200.

### HIV/AIDS Statistics

The HIV prevalence rate in Estonia's general population is 1.3%, with 9,900 people currently living with HIV/AIDS (UNAIDS website, February 2013). Eastern Europe/Central Asia is the only region where HIV prevalence clearly remains on the rise, according to the UNAIDS *AIDS Epidemic Update 2009*. The main driving force behind the epidemic in Estonia is injection drug use. Youths and young adults are more adversely affected than other age groups.



### Military Statistics

The Estonian Defense Forces (EDF) is estimated to have approximately 6,000 members. Military service in Estonia is compulsory for men beginning at age 18, with a service requirement of 8–11 months. Women began conscripted service in 2012. Estonia allocates 2% of the GDP for military expenditures. The HIV prevalence in the military is unknown.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff members have continued collaborative efforts with EDF and MOD officials and the US ODC to establish a comprehensive HIV/AIDS prevention program for military members. The implementing partner for the EDF in FY12 was the University of South Carolina School of Medicine.

## OUTCOMES & IMPACT

### Prevention and Other

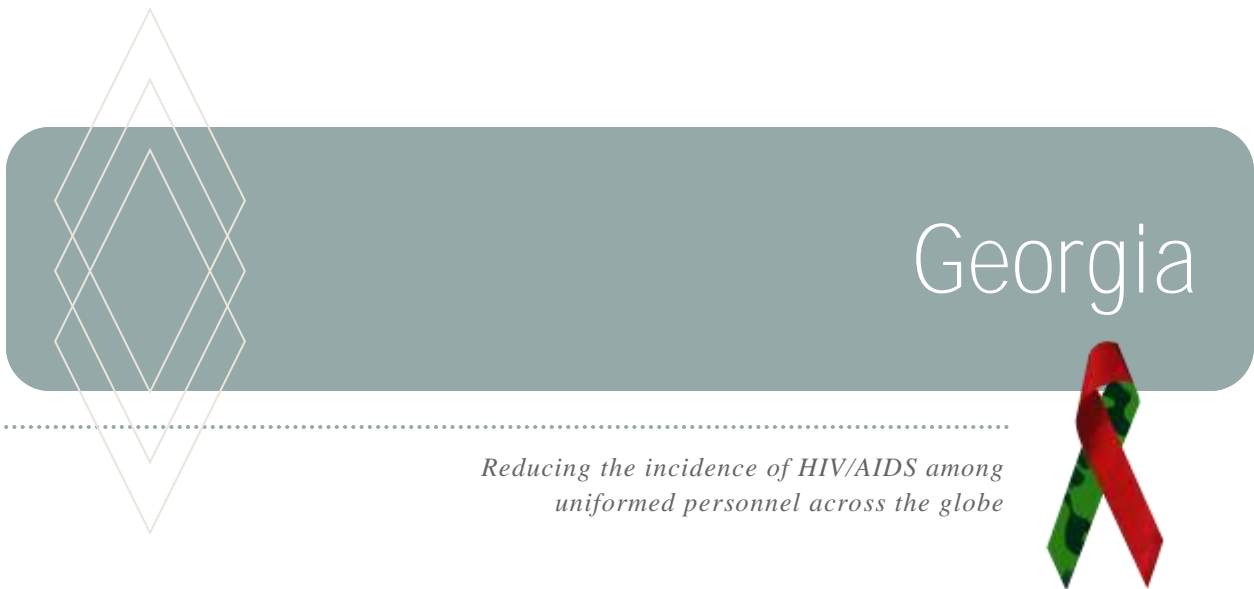
From focus groups conducted in 2011, an evidence based and interactive method of delivery for the HIV/STI prevention trainings were provided to a total of 1,032 military conscripts in FY12. These personnel were reached with small group-level preventive interventions and focus on HIV/STIs, sexual health, healthy living, and drug use (including illicit and legal drug over/misuse). A total of 584 conscripts participated in a KAP assessment and also received HTC services, in addition to a full STI panel. Twenty (20) health care workers successfully completed an in-service training program in blood safety and HIV testing. Five (5) testing facilities were reported to have the capacity to perform clinical laboratory tests in FY12. The University of South Carolina conducted a policy review and analysis comparing policies on military and civilian HIV/STI testing among countries in the region. A manual was created to provide a condensed resource for MODs and military personnel. Two (2) members of the EDF and 1 representative of the US military in Estonia attended IMilHAC in May 2012.

### Proposed Future Activities

The University of South Carolina will continue to work with the EDF on reviewing its current HIV policy, assessing laboratory and diagnostic capabilities, assessing health care providers for HIV/STI diagnostic capabilities and counseling, and providing prevention education for EDF personnel and their family members. Train-the-trainer seminars will prepare military paramedics to provide more peer-based HIV/STI knowledge and information to the conscripted forces. A second KAP study including seroprevalence testing among the EDF will focus on the professional or career military members is planned for FY13. Assistance will be provided in drafting a policy for implementation of the HIV/STI testing protocol in the EDF. Military medical personnel will attend a mini-rotation in infectious diseases in the United States at a large HIV/STI infectious disease clinic so that they may become more familiar with disease identification.







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## BACKGROUND

### Country Statistics

The estimated population of Georgia is 4.6 million people, with an average life expectancy of 77 years. Georgian is the official language of Georgia, which has an estimated literacy rate of nearly 100%. Georgia's main economic activities include cultivation of agricultural products, mining of manganese and copper, and output of a small industrial sector producing alcoholic and nonalcoholic beverages, metals, machinery, and chemicals. Georgia's economy sustained GDP growth of over 10% in 2006 and 2007, based on strong inflows of foreign investment and robust government spending. However, GDP growth slowed following the August 2008 conflict with Russia, turned negative in 2009, but rebounded in 2010–2012, with growth rates above 6% per year. Since coming to power in 2004, the government has worked to increase growth and liberalize the economy by reducing regulation and taxes in order to attract foreign investment in hydropower, agriculture, tourism, and textiles production. The unemployment rate is high at 16%, and the GDP per capita is \$5,900.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in Georgia's general population is 0.2%, with approximately 4,900 people living with HIV/AIDS (UNAIDS website, February 2013). Vulnerable groups include men who have sex with men, injection drug users, and female sex workers.

### Military Statistics

The Georgian Armed Forces (GAF) consists of approximately 21,000 active-duty members. Georgia allocates 1.9% of the GDP for military purposes. Military HIV prevalence rates are unknown.





## PROGRAM RESPONSE

### **In-Country Ongoing Assistance**

The GAF works in collaboration with the Georgian Medical Group (GMG) to implement the HIV prevention program. The GMG is an NGO established in 2006 by local physicians. The majority of the founders are gynecologists with postgraduate training in reproductive health.

### OUTCOMES & IMPACT

FY12 activities included enhancing knowledge of HIV/AIDS and STIs among military personnel in the Georgian army, establishing a lab for HTC in the Senaki base and to conduct a training of trainers for the Georgian National Military Academy and Cadets Military Lyceum.

During FY12, GMG conducted 102 training sessions and covered 2,286 soldiers, majority of them are going to deploy in Afghanistan. A total of 656 officers and sergeants from the Georgian National Military Academy, Cadets Military Lyceum, and officers were trained on HIV prevention through 22 train-the-trainer seminars. Four senior leader trainings (38 participants) and 40 small group discussions on alcohol abuse with 650 attendees were conducted.

The GMG provided HTC services in collaboration with the GAF, and 1,830 soldiers were tested and received their results across 3 sites in FY12: Krtsanisi, Vaziani, and Senaki. One (1) new site at the Senaki base in Western Georgia was equipped to provide these services and opened in September 2012. The GAF now has a total of 3 laboratories with the capacity to perform clinical lab tests.

### **Proposed Future Activities**

In FY13, the GMG will procure HIV laboratory equipment and assist in the establishment of a new HTC at the Akhaltsikhe Base, conduct HIV prevention training, and assist in the implementation of an HIV policy for the GAF. A senior leader training in HIV prevention and policy is also being planned.







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## BACKGROUND

### Country Statistics

The population of Moldova is 3.6 million, with an average life expectancy of 70 years. The official language of Moldova is Moldovan, although Russian and Gagauz, a Turkish dialect, are also widely spoken. Despite recent progress, Moldova remains one of the poorest countries in Europe. The country's economy relies heavily on its agricultural sector, benefiting from Moldova's moderate climate and good farmland. Major agricultural products include fruits, vegetables, wine, and tobacco. Moldova imports almost all of its energy supplies from Russia and Ukraine, which has resulted in a large debt to a Russian natural gas supplier. This debt, in combination with a Russian ban on Moldovan agricultural products, has hampered economic growth in the country. The GDP per capita is \$3,500. Moldova experienced a 6% contraction of its GDP during the 2009 financial crisis, due to rising unemployment and a decrease in foreign remittances. An upturn in the world's economy in 2010 bolstered GDP growth and inflation to more than 7%, which continued into 2011. Growth stalled in 2012, and Moldova's economic future remains vulnerable to political uncertainty, weak administrative capacity, vested bureaucratic interests, high fuel prices, and concerns of foreign investors.



### HIV/AIDS Statistics

HIV prevalence in Moldova is low, estimated at 0.4%, with approximately 12,000 PLHIV (CIA World Factbook).

### Military Statistics

Moldova's uniformed services consist of the National Army, under the Ministry of Defence (7,200 people), the Border Guards Troops (5,500 people), and the Carabineers Troops, under the Ministry of Internal Affairs (2,000 people).



Moldova allocates approximately 0.4% of the GDP to military expenditures.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

In 2012, DHAPP and CENTCOM were asked by the Moldovan Ministry of Defence to conduct an assessment of its medical processes for HIV and TB and to review its HIV prevention efforts.



## OUTCOMES & IMPACT

### Prevention

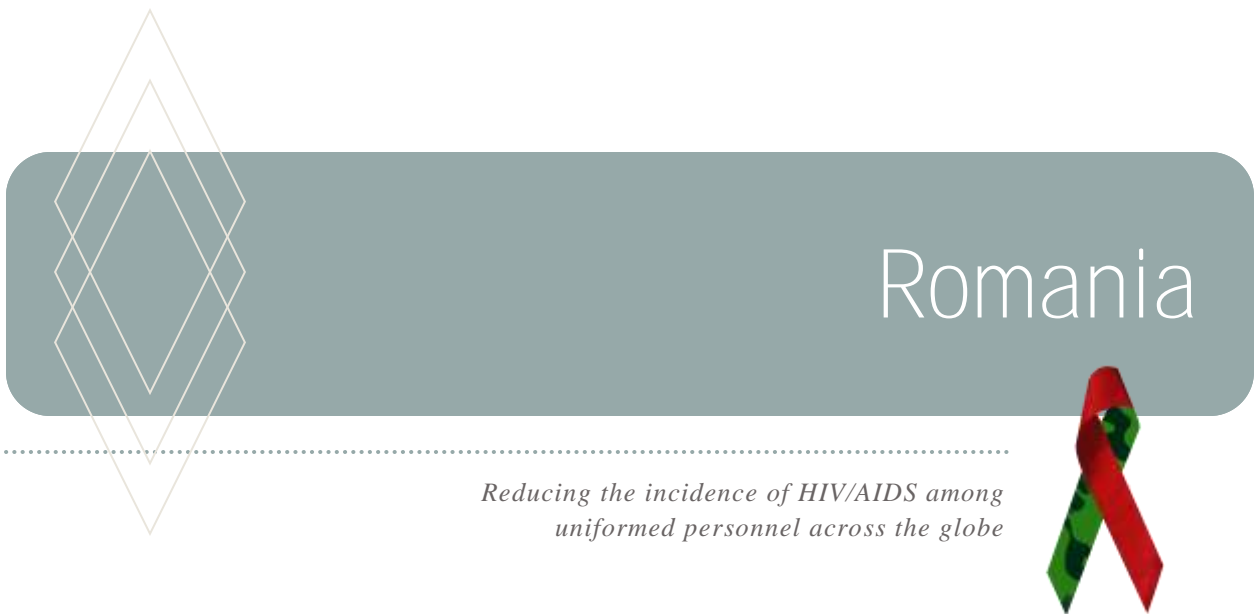
In 2012, DHAPP staff conducted a site visit and an assessment to determine what types of support could be provided to improve prevention activities for Moldova. Recommendations were made to participate in a clinical exchange of medical staff, assist with laboratory and other medical equipment, and provide technical assistance to restart the Moldovan HIV prevention program. Additionally, 2 members of the National Army and the US ODC attended IMilHAC in May 2012.

### Proposed Future Activities

Discussions are still under way to implement the recommendations stated above.







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## BACKGROUND

### Country Statistics

Romania is a country of approximately 21.8 million people, with an average life expectancy of 74.5 years. The official language of Romania is Romanian, although Hungarian and Romany (Gypsy) are also spoken. The literacy rate is estimated at nearly 98%, evenly distributed between men and women. Romania was under communist direction until the late 1980s, and worked through the 1990s to restructure its government, eventually joining NATO in 2004 and the European Union (EU) in 2007. The country's economy has transitioned from a largely industrial base that did not suit the country's needs to a nation of GDP growth, fueled by domestic consumption and investment. Inflation rose from 2007–08, driven by consumer demand, high wage growth, rising energy costs, a nationwide drought, and relaxation of fiscal discipline, leading to an emergency bailout package from the IMF and EU, among others. Poor international markets led to a GDP contraction in 2009 and 2010, but growth returned in 2011 as a result of strong exports, a better-than-expected harvest, and weak demand domestically. Growth continued in 2012, though it slowed to less than 1%. The GDP per capita is \$12,800.

### HIV/AIDS Statistics

Adult HIV prevalence is thought to be low, at 0.1%, with an estimated 16,000 PLHIV (UNAIDS website, May 2013).



### Military Statistics

The Romanian military is composed of Land, Air, and Naval forces and has approximately 207,000 members. The government expends an estimated 1.9% of the GDP on military expenditures.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

In 2012, DHAPP and CENTCOM were asked by the Romanian MOD to conduct an assessment of its medical processes for HIV and TB and to review its HIV prevention efforts.



## OUTCOMES & IMPACT

### Prevention

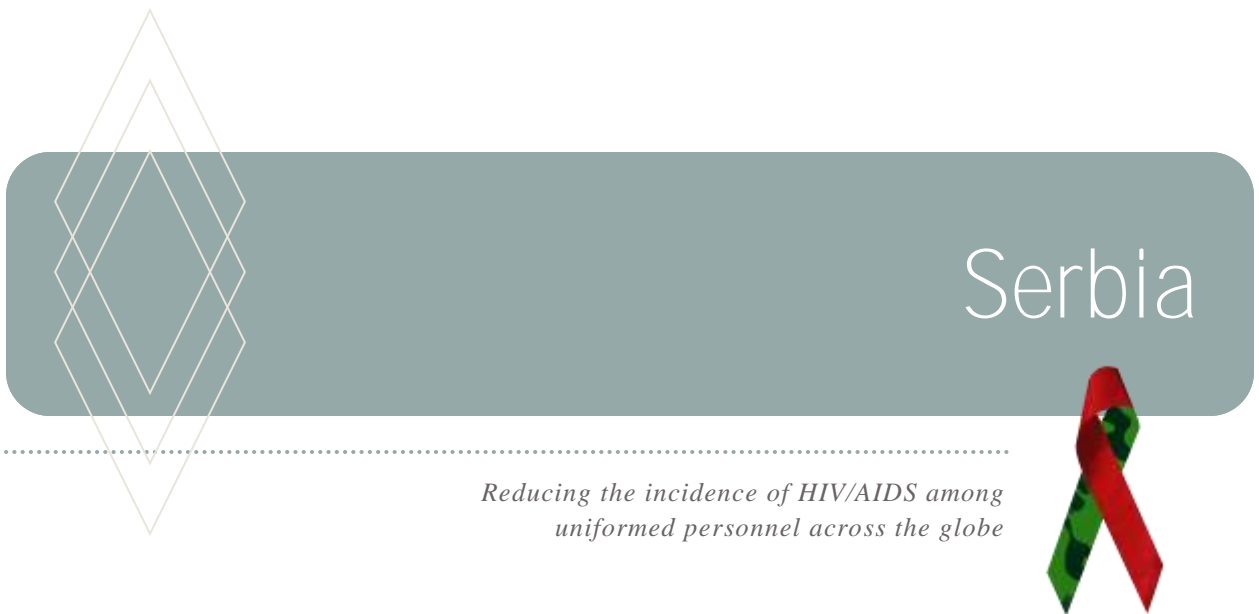
In 2012, DHAPP staff conducted a site visit and an assessment to determine what types of support could be provided to improve prevention activities for Romania. Recommendations were made to participate in a clinical exchange of infectious disease and pulmonary medical staff, provide technical assistance on infection control, and provide technical assistance to restart the Romanian HIV prevention program. Additionally, 2 members of the military and the US ODC attended IMilHAC in May 2012.

### Proposed Future Activities

Discussions are still under way to implement the recommendations stated above.







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## BACKGROUND

### Country Statistics

The estimated population of Serbia is 7.3 million people, with an average life expectancy of 75 years. Serbian is the official language of the country, which has an estimated literacy rate of 98%, slightly unevenly distributed between men and women. In June 2006, Serbia declared that it was the successor state to the Union of Serbia and Montenegro. After 2 years of inconclusive negotiations, the UN-administered province of Kosovo declared itself independent of Serbia. Unemployment and stagnant household incomes continue to be political and economic problems, along with high government expenditures and increasing public and private foreign debt. Serbia's economy grew by 2.0% in 2011 after a 3.5% fall in 2009, although it slipped 0.5% in 2012. Serbia has significantly increased its exports since adopting a long-term economic growth plan in 2010 and plans to invest heavily in basic infrastructure. The GDP per capita is \$10,500. Serbia is also seeking membership in the European Union, having gained candidate status in March 2012, and the World Trade Organization.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in Serbia's general population is 0.1%, with approximately 3,500 Serbians living with HIV/AIDS (UNAIDS website, February 2013). Relatively little is known about the factors that influence the spread of HIV in Serbia, although the early phases of the epidemic were primarily driven by injection drug use.

### Military Statistics

The Serbian Armed Forces (SAF) is composed of an estimated 29,000 troops. The prevalence of HIV in the Serbian military is unknown. In the SAF, the age



for voluntary military service is 18, with a service obligation of 6 months. Conscription was abolished in December 2010.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff work in conjunction with the Military Medical Academy in Belgrade to support the HIV prevention program in the SAF. In recent years, activities have expanded from laboratory support to prevention and care programs.



## OUTCOMES & IMPACT

### Prevention

During FY12, the Military Medical Academy in Belgrade reached 1,500 soldiers, volunteer blood donors, and members of PKOs with HIV prevention education training. Prevention modalities included peer education, classroom education, small group and one-on-one information sessions, and BCC. All blood donations made at SAF sites were tested for all blood pathogens including

HIV. All members of PKO teams were tested for HIV and educated on HIV prevention by health care workers at the Military Medical Academy prior to their deployments.

HTC services were offered to all blood donors at the military medical health care centers, members of PKOs, pregnant women (wives of SAF members), and all SAF members who attended the Military Medical Academy. At the end of FY12, 4,000 individuals had been counseled, tested, and received their results. Forty (40) pregnant women were counseled and tested during regular examinations in this reporting period. ELISA tests were used in the testing process during the last medical examination before delivery.

### Other

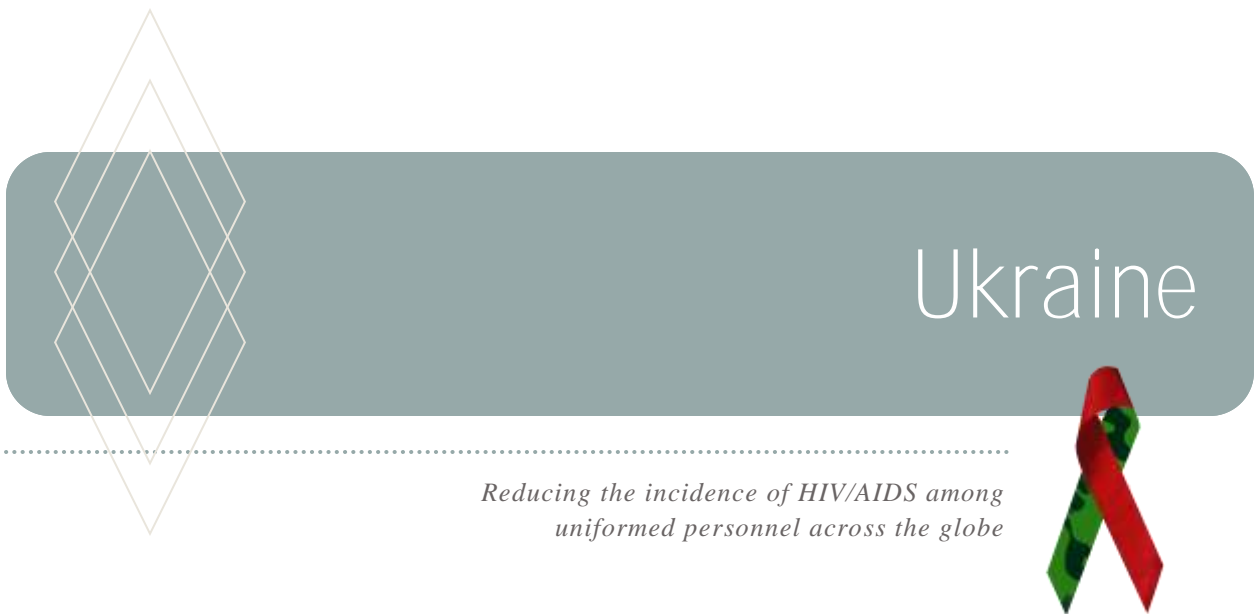
Four (4) people received a minimum of 1 clinical service during the reporting period, and 10 individuals currently are receiving ART. Fifteen (15) people living with HIV were reached with PwP interventions. Two testing facilities have the capacity to perform clinical lab tests, and 40 health care workers were trained in FY12. Individuals trained included health care workers from the Military Medical Academy (medical doctors, nurses, laboratory technicians from the Sector for Preventive Medicine).

During FY12, new policies on mandatory testing in the SAF were under development. Two (2) members of the SAF attended IMiHAC in May 2012, and 1 trainee from Serbia participated in the MIHTP course in San Diego.

### Proposed Future Activities

FY13 plans include continuing prevention activities at all levels and developing training materials for senior leadership. A special emphasis will be given to educating leaders in the military. Plans also include making an educational film on the prevention and control of HIV in the SAF.





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## BACKGROUND

### Country Statistics

The estimated population of Ukraine is 45 million people, with an average life expectancy of 69 years. Ukrainian is the official language, and the country has an estimated literacy rate of 99.7%, evenly distributed between men and women. Ukraine's fertile black soil generates more than one quarter of Soviet agricultural output, and the farms provide substantial quantities of meat, milk, grain, and vegetables to other republics. Ukraine depends on imports to meet 75% of its yearly natural gas and oil requirements and all of its nuclear fuel needs. The GDP per capita is \$7,600. The drop in steel prices and the global financial crisis decreased economic growth in 2008 and the economy contracted 15% in 2009, and although growth resumed in 2010–2011, boosted by exports, it slowed in 2012. Ukraine reached an agreement with the International Monetary Fund in August 2010 for a \$15.1 billion Stand-By Arrangement to deal with the economic crisis, however the program stalled in 2011 due to lack of progress in implementing key gas sector reforms by the Ukrainian government.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in Ukraine's general population is 0.8%, with a total of 230,000 people living with HIV/AIDS, half of whom are women (UNAIDS website, February 2013). The most common mode of HIV transmission is injection drug use. According to the UNAIDS *AIDS Epidemic Update 2009*, between 38.5% and 50.3% of injection drug users in Ukraine are believed to be living with HIV. With increasing transmission among the sexual partners of drug users, many countries such as Ukraine in the Eastern Europe and Central Asia region are experiencing a transition from an epidemic that is



heavily concentrated among drug users to one that is increasingly characterized by significant sexual transmission.

### **Military Statistics**

The Ukrainian Armed Forces (UAF), which consists of ground, naval, and air forces, and comprises approximately 140,000 active-duty members. Ukraine expends 1.4% of the GDP on the military. Military HIV prevalence rates are unknown.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

The UAF HIV/AIDS program is a collaborative effort between the ODC at the US Embassy in Kiev, DHAPP, and the UAF. DHAPP staff provide technical assistance and support to the UAF program. In addition, DHAPP staff members are part of the PEPFAR Ukraine Country Support Team, and participated in the FY13 COP and the development of the PEPFAR Partnership Framework between the USG and the government of Ukraine.

## **OUTCOMES & IMPACT**

### **Prevention**

In 2012, 28,950 military personnel were reached with HIV/AIDS prevention interventions. Military personnel included medical personnel and chiefs of different units and sections. The intervention is part of a curriculum and combat training program, and it is conducted by unit medical doctors and military medical leadership. MOD and DHAPP are planning to resume additional HIV/AIDS prevention workshops and a train-the-trainer program for military medical personnel.

In 2012, 13,919 military personnel received HTC and received their results. Testing occurred in Ukrainian military community regions including 6 DHAPP-sponsored labs and testing sites. Counseling services were provided in both individual and group settings.

An overall MOD HIV/AIDS prevention needs assessment was successfully conducted by a local NGO in FY12. Based upon results of the assessment, a 5-year HIV/AIDS prevention strategy and technical cooperation proposals were developed by the MOD in collaboration with DHAPP staff.



Three (3) representatives from the UAF attended IMilHAC in May 2012, and DHAPP staff made a technical visit to Ukraine in FY12.



### **Proposed Future Activities**

Continued HIV programming for UAF members was proposed to the PEPFAR Ukraine Country Support Team. All proposed activities were included in the FY13 COP. Future activities include, but are not limited to, enhanced cooperation and improvements in the following areas: HIV/AIDS prevention, HTC, blood safety, MOD lab infrastructure development, MOD database management, strengthening public health for the military, and sustainability of a strong HIV/AIDS prevention program.







# US PACIFIC COMMAND

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## *Winning battles in the war against HIV/AIDS*



USPACOM protects and defends the United States, its territories, and interests, promotes regional security, and it is prepared to respond if deterrence efforts fail. Through strong relationships with allies and partners, assured presence facilitated by balanced and distributed force posture, and an effective strategic communication effort that clearly and accurately conveys our intent and resolve, USPACOM, in concert with other US Government agencies, will ensure US national interests are protected and the Asia-Pacific region is stable and secure. DHAPP's programs in the region directly support USPACOM's efforts to improve theater health security and capability by collaboratively working with our regional partners in HIV education, prevention, testing, and treatment.





## Active Country Programs Within **US Pacific Command's area of** responsibility





# Indonesia



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## BACKGROUND

### Country Statistics

The estimated population of Indonesia is 248 million people, with an average life expectancy of 72 years. Bahasa Indonesia is the official language in Indonesia, which has an estimated literacy rate of 90%, unevenly distributed between men and women. Indonesia's debt-to-gross domestic product ratio has been declining steadily due to an increasingly robust GDP growth and sound fiscal stewardship. The GDP per capita is \$5,000. Although the economy slowed significantly from the 6%-plus growth rate recorded in 2007 and 2008, it returned to a 6% rate by 2010, which continued through 2011. Indonesia outperformed its regional neighbors and joined China and India as the only G20 members posting growth during the crisis. The government faces the ongoing challenge of improving Indonesia's insufficient infrastructure to remove impediments to economic growth, labor unrest over wages, and reducing its fuel subsidy program in the face of high oil prices.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in Indonesia's general population is 0.3%, with approximately 380,000 PLHIV (CIA World Fact Book, February 2013). In Indonesia, the epidemic was originally confined to injection drug users but is now becoming more generalized through increased sexual transmission (UNAIDS *AIDS Epidemic Update 2009*).

### Military Statistics

The Indonesian military, Tentara Nasional Indonesia (TNI), is composed of approximately 302,000 active-duty troops, with 400,000





reservists. Indonesia spends an estimated 3% of GDP on military expenses. Military HIV prevalence rates are similar to the general population at 0.3%.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP and the ODC at the US Embassy in Jakarta have been collaborating with the TNI. An in-country program manager works for the ODC in Jakarta and oversees programmatic activities with the TNI.

## OUTCOMES & IMPACT

### Prevention

In FY12, the TNI reached 752 individuals with small group-level interventions that are based on evidence and/or meet the minimum standards required. A total of 13,957 individuals received HTC services and received their test results. Of these individuals, 3,189 were tested as part of the Integrated Biological and Behavioral Surveillance Survey that was conducted in FY12. The TNI has increased HTC services by expanding the number of hospitals that offer it. HTC sites in the TNI are working closely with the MOH and utilizing their guidance for services.

### Other

The MOD and the TNI supported an IBBS in 6 cities (Jakarta, East Java, West Java, Bali, Riau Islands, and Papua). The IBBS team was established with active involvement from the TNI and MOD. Training was provided on the IBBS in laboratory, data analysis, and local and international ethics. The team developed the protocol and submitted it for technical and ethical clearance to the local and Naval Health Research Center Institutional Review Boards in FY12. Technical guidance was provided by DHAPP and FHI 360. The survey has been completed and the final report is being drafted.

Through Project C.U.R.E, 4 TNI hospitals (Air Force and Marine hospitals in Jakarta and Navy and Army hospitals in Sorong, West Papua) received refurbished hospital equipment. This assistance will increase the provision of health and laboratory services in care and treatment.

The in-country program manager visited DHAPP in San Diego for a USPACOM Program Manager training in December 2011. Two (2) members of the TNI and the DHAPP Program Manager attended IMilHAC in May 2012.

### Proposed Future Activities

Comprehensive HIV programming for TNI members and their families was proposed to the PEPFAR Indonesia Country Support Team. All proposed activities were included in the FY13 COP. Some of these activities include prevention efforts, increased HTC services, and training for health care workers on palliative care services and strategic information.





# Laos



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## BACKGROUND

### Country Statistics

The estimated population of Laos is 6.6 million people, with an average life expectancy of 63 years. Lao is the official language of Laos, but French, English, and various ethnic languages are also widely spoken. The country has an estimated literacy rate of 73%, which is unevenly distributed between men and women. Laos is one of the few remaining one-party Communist states. Laos began decentralizing control and encouraging private enterprise in 1986. The results have been astounding, with near steady growth rates from 1988 to 2008, and reaching over 7% growth each year from 2008–2012. Despite this high growth rate, Laos remains a country with an underdeveloped infrastructure, particularly in rural areas. Subsistence agriculture, dominated by rice cultivation, accounts for about 30% of the GDP and provides 75% of total employment. A value-added tax system was initiated in 2010, the first stock exchange in the country was opened in 2011, and in 2012, Laos was admitted to the World Trade Organization. With these changes, Laos's goal of graduating from the UN Development Programme's list of least-developed countries by 2020 is achievable. The GDP per capita is \$2,700.



### HIV/AIDS Statistics

The estimated HIV prevalence rate in Laos's general population is 0.3%, and approximately 10,000 people are living with HIV/AIDS in Laos (UNAIDS website, February 2013). The largest proportion of cases is reported as migrant workers, due to the high amount of movement between neighboring countries and housewives.



## Military Statistics

The Lao People's Armed Forces (LPAF) is composed of approximately 29,000 active-duty troops. Rates of HIV are unknown in the LPAF. Laos expends 0.5% of the GDP on the military.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP and the US DAO in Vientiane have continued collaboration with the LPAF. An in-country program manager was hired in 2011.

## OUTCOMES & IMPACT

In FY12, 80 trainers and 800 peer educators were trained and 5,000 troops were reached with HIV prevention education. In addition, 900 individuals were counseled and tested for HIV and received their results during the reporting period.

The program manager visited DHAPP in San Diego for a USPACOM Program Manager training in December 2011.

Three (3) members of the LPAF and the DHAPP Program Manager attended IMilHAC in May 2012.

### Proposed Future Activities

In FY13, planned activities include prevention efforts, increased HTC services, and training for lab technicians as well as counselors and peer educators. Plans for a behavioral risk surveillance survey among the military population are under development. Some procurements are also being made to support the blood safety program.





# Timor-Leste



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## BACKGROUND

### Country Statistics

The estimated population of Timor-Leste is 1.1 million people, with an average life expectancy of 68 years. Tetum and Portuguese are the official languages of Timor-Leste, which has an estimated literacy rate of 59%. In 1999, about 70% of the economic infrastructure was laid waste by Indonesian troops and anti-independence militias, and 300,000 people fled west. However, over the following 3 years, a large international program, manned by 5,000 peacekeepers (8,000 at peak) and 1,300 police officers, led to substantial reconstruction in the urban and rural areas.

In 2005, the National Parliament unanimously approved the formation of a Petroleum Fund to serve as a repository for all petroleum revenues and to preserve the value of Timor-Leste's petroleum wealth for future generations. As of December 2011, the Fund held assets of \$9.3 billion. The economy is recovering from the mid-2006 outbreak of civil unrest and violence, and in 2008, the government resettled tens of thousands of an estimated 100,000 internally displaced persons, most of whom returned home by early 2009. Government spending increased from 2009 to 2012, primarily on basic infrastructure, including electricity and roads. However, these efforts have been hampered by the government's limited experience in procurement and infrastructure building. Timor-Leste attained a balanced budget in 2012, and on the strength of its oil wealth, the economy achieved growth of 10% per year





over the last several years, which is among the highest sustained growth rates in the world. The GDP per capita is \$9,500.

### **HIV/AIDS Statistics**

Timor-Leste is considered to have a nongeneralized, low-level epidemic, with a national HIV prevalence of approximately 0.2% and an estimated 894 people living with HIV/AIDS (UNGASS Country Reports, 2012). Most HIV infections appear to be a result of unprotected heterosexual contact, with other routes of transmission likely to include men having sex with men, injection drug users, and perinatal and blood transmission. A BBSS of female sex workers, men having sex with men, and uniformed personnel was conducted by the University of New South Wales in 2008. The results indicated low levels of condom use among all 3 groups, according to the *Democratic Republic of Timor-Leste UNGASS Country Progress Report 2010*.

### **Military Statistics**

The Timor-Leste Defense Force (F-FDTL) is estimated at approximately 1,000 members. Forcewide testing is not in place, therefore, HIV prevalence is unknown.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

USPACOM and DHAPP have been collaborating with the F-FDTL, and Church World Service has been assisting the F-FDTL as the implementing partner since FY10.

## **OUTCOMES & IMPACT**

Data collection for the KAP survey began in FY11 and was completed in FY12. The survey was administered through paper-based interviews to a sample of 300 individuals. The target population was composed of army, navy, and military police personnel, and individuals of all ages and ranks were eligible to participate.

In FY12, the Church World Service delivered HIV prevention education through small group sessions to 1,234 military personnel in the Baucau and Dili districts of Timor-Leste. Information was provided on HIV prevention measures, including condom use.

### **Proposed Future Activities**

In FY13, Church World Service will assist the F-FDTL with training of trainers and peer educators, conducting peer education workshops, conducting HIV education for new recruits, and HTC.





# Vietnam



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## BACKGROUND

### Country Statistics

Vietnam's estimated population is 91.5 million people, with an average life expectancy of 72 years. Vietnamese is the official language of Vietnam, which has an estimated literacy rate of 94%, slightly unevenly distributed between men and women. Deep poverty, defined as a percentage of the population living under \$1 per day, has declined significantly. *The GDP per capita is \$3,500.* In 2007, Vietnam joined the World Trade Organization, and became an official negotiating partner of the Trans-Pacific Partnership in 2010. Vietnam is working to promote job creation to keep up with the country's high population growth rate. The global recession impacted Vietnam's mainly export economy, with GDP growth decreasing to less than 7% from 2009–12, although exports increased by more than 12% in 2012. Agriculture's importance in economic output has decreased from 25% in 2010 to 22% in 2012, whereas industry's share has increased from 36% to 41%. State-owned enterprises account for 40% of the GDP. Vietnam's managed currency, the dong, has been devalued by 20% since 2008, but its value remained stable in 2012. Foreign direct investment fell 4.5% in 2012, although foreign donors have pledged \$6.5 billion in new development assistance for 2013. A "three pillar" economic reform program was unveiled in early 2012 aimed at restructuring public investment, state-owned enterprises, and the banking sector.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in Vietnam's general population is 0.5%, with approximately 250,000 PLHIV (UNAIDS website, February 2013). The HIV epidemic in Vietnam is concentrated, with the highest HIV prevalence found in specific





populations, namely injection drugs users, female sex workers, and men who have sex with men, according to the UNAIDS *AIDS Epidemic Update 2009*.

## **Military Statistics**

The Vietnam Ministry of Defense (VMOD) is estimated at approximately 482,000 active-duty troops. Vietnam expends 2.5% of the GDP on military expenditures. According to the *UNGASS Country Progress Report: Vietnam, 2010*, a sentinel surveillance study conducted by the Vietnam Administration of AIDS Control in 2009 found an estimated HIV prevalence of 0.15% among male military recruits.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

DHAPP, the DAO in Hanoi, and USPACOM have continued to collaborate with the VMOD. An in-country program manager oversees activities with the VMOD. In FY12, the implementing partners were the Institute of Population, Health and Development, the Development Center for Public Health, and the Vietnam Nurses Association.

## **OUTCOMES & IMPACT**

### **Prevention**

In FY12, the VMOD supported 12 HTC centers located at 8 military hospitals and preventive medicine centers across the country. During the year, 25,133 military members were tested for HIV and received their results. In some cases, the HIV counseling sessions were integrated with blood donation campaigns at the military units; therefore, the results were higher than the target set. During the reporting period, 2,771 pregnant women were tested for HIV and received their results. HTC services were provided at 2 project sites in Hanoi and Ho Chi Minh City.

### **Care and Treatment**

Four (4) VMOD service outlets provide HIV-related palliative care and ART for VMOD members, their families, and civilians. During FY12, 545 HIV-positive adults and children received a minimum of 1 clinical service, and 177 HIV-positive persons received cotrimoxazole prophylaxis. There were 86 patients newly initiated on ART in FY12, and at the end of the reporting period, a total of 371 patients were on ART. Military outpatient clinics strengthened the referral HIV-infected client process from HTC site to treatment. All HIV-positive patients are screened for TB and 3% of the patients were put on TB treatment. Collocations of TB/HIV and outpatient clinics are a very important aspect to track and treat all TB/HIV co-infected patients. At the Military Hospital 103, 1 outpatient clinic for HIV patients supported by DHAPP and 1 TB clinic were certified by the National Tuberculosis Program to provide free TB treatment so that the linkage between the 2 sites is very strong. For other DHAPP-supported outpatient clinics in Ho Chi Minh City, Can Tho, and Da Nang, all HIV/TB-suspected patients need to be referred to civilian TB clinics, and the linkages with civilian sites need to be strengthened to reduce the



number of patients lost to follow-up. Five (5) laboratories have the capacity to perform HIV testing and CD4 tests. Two (2) testing facilities are accredited according to national standard.

### **Health Systems Strengthening**

In 2012, various trainings were given to 149 military staff and leaders, including health systems strengthening, HTC, ART, monitoring and evaluation, infection control, and lab quality assurance/quality control. Four (4) representatives from the VMOD and the DHAPP Program Manager attended IMilHAC in May 2012.

### **Proposed Future Activities**

All proposed activities were submitted by the US Embassy to the Vietnam Country Support Team, and were included in the FY13 COP.





# US SOUTHERN COMMAND

## *Winning battles in the war against HIV/AIDS*



USSOUTHCOM is one of six geographical combatant commands that provide strategic oversight of DoD activities throughout the world. The USSOUTHCOM mission is to be ready to conduct joint and combined full-spectrum military operations and to support whole-of-government efforts to enhance regional security and cooperation. DHAPP, as part of the PEPFAR initiative, aims to prevent the spread of HIV within partner militaries in the USSOUTHCOM area of responsibility. This program supports USSOUTHCOM's military objectives by building partner-nation military medical capacity in order to improve the health of partners' service members, which in turn, ensures partner nations' ability to engage in successful Countering Transnational Organized Crime operations and improves regional security.

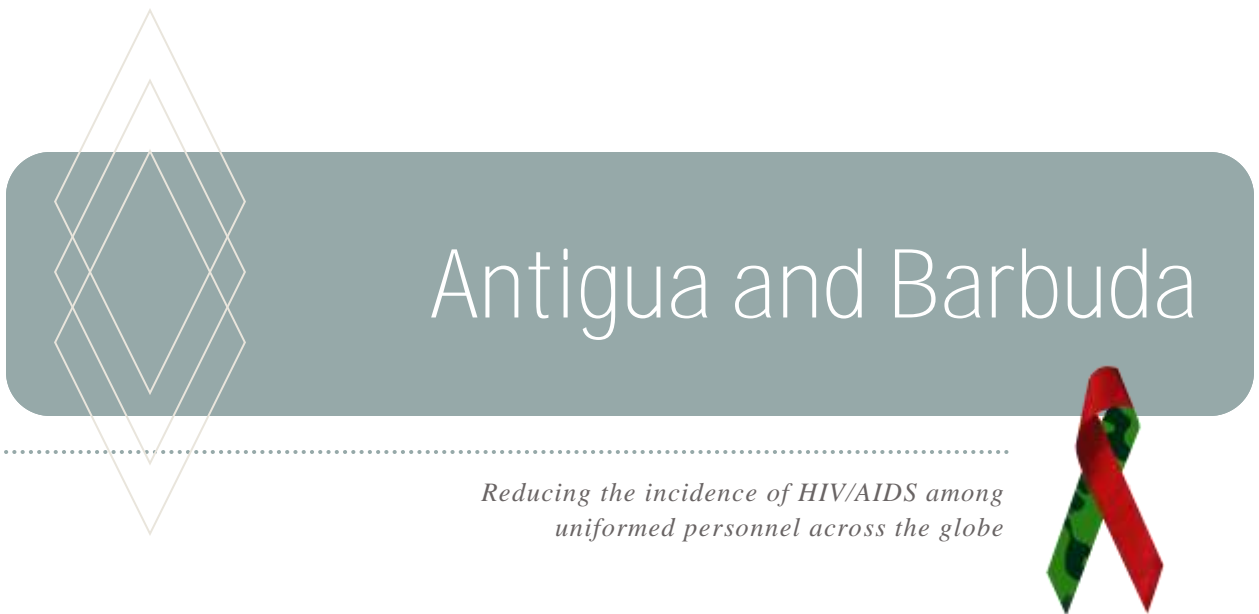




## Active Country Programs Within **US Southern Command's Area of** Responsibility







# Antigua and Barbuda

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## BACKGROUND

### Country Statistics

Antigua and Barbuda are islands between the Caribbean Sea and the North Atlantic Ocean. The estimated population is 89,000 people, with an average life expectancy of 76 years. English is the official language, and the literacy rate is 86%. Tourism dominates the economy and accounts for nearly 60% of the GDP and 40% of investment. The economy experienced solid growth from 2003 to 2007, and grew to over 12% in 2006 but dropped off in 2008. In 2009, Antigua's economy was severely hit by the global economic crisis, suffering from the collapse of its largest financial institution and a steep decline in tourism, and has yet to return to its pre-crisis growth levels. The GDP per capita in Antigua and Barbuda is \$17,500.

### HIV/AIDS Statistics

A total of 919 HIV/AIDS cases have been reported from 1985 through 2011 (UNGASS Country Progress Report: Antigua and Barbuda 2012). The main mode of transmission is heterosexual contact. The most at-risk groups are thought to be youth, men having sex with men, and female sex workers.



### Military Statistics

The Antigua and Barbuda Defence Force (ABDF), which includes the Coast Guard, consists of approximately 250 personnel across 3 units, according to DHAPP staff. It allocates 0.5% of the GDP for military expenditures. No estimates of military HIV prevalence rates are available, but a biological and behavioral surveillance study is proposed for FY12.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP has been collaborating with the US MLO in Bridgetown, Barbados, and the ABDF on building its HIV/AIDS program. In 2009, Antigua and Barbuda joined the other Caribbean militaries of Barbados, Bahamas, Belize, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. PSI became an implementing partner in Antigua and Barbuda in 2010, and continued through 2012.

## OUTCOMES & IMPACT

### Prevention

PSI began working with the ABDF in 2010 and continued their efforts in 2012. PSI implemented HIV/AIDS BCC outreach and educational activities, developed targeted interpersonal communication materials, conducted training and support for peer educators, developed targeted condom outlets, and marketed and promoted condom use and testing services. The program focused on increasing perceived perception of



personal risk, thereby creating demand for condoms and HTC services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing HTC services; and reducing stigma and discrimination. Ten (10) participants joined a 4-day training that was adapted by the core facilitators from the existing PSI/ Caribbean facilitator guide to suit the needs of the ABDF educators who had already undergone training level one. Participants were drawn from all National Security sectors, including the Police, Regiment, Coast Guard, and Her Majesty's Prison Service. The training incorporated comprehensive refreshers on sexual health, including HIV and AIDS and other

STIs; condom advocacy; and monitoring and evaluation components, with updates on new BCC activities. Discussion included the nature of fetishes and the dichotomy between power and vulnerability in relationships, the mores of society, and the power of choice.

In November 2011, DHAPP hosted a rapid HIV and STI training in Barbados for the benefit of military personnel who perform or will perform rapid HIV and STI screenings within the military setting. The goals of the training were to provide cross-disciplinary training on the clinical, epidemiological, and diagnostic aspects of HIV and STIs, with an emphasis on the implementation of point-of-care diagnostic tests. The ABDF attended the training. In March 2012, DHAPP secured the expertise of the Caribbean Health Research Council to conduct a basic monitoring and evaluation training in Port of Spain, Trinidad, for militaries in the region. The ABDF sent delegates to the training along with 6 other militaries. Lastly, 2 members of the ABDF and the DHAPP Program Manager attended IMilHAC in May 2012.

### Proposed Future Activities

PSI will support the program for the ABDF in FY13, which will include prevention activities and policy development.



# The Bahamas

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## BACKGROUND

### Country Statistics

The estimated population in the Bahamas is 316,000, with a life expectancy of 71 years. The official language of the Bahamas is English, with a literacy rate of 96%. The GDP per capita is \$31,300. Since attaining independence from the United Kingdom in 1973, the Bahamas has prospered through tourism, international banking, and investment management. Tourism, together with tourism-driven construction and manufacturing, accounts for approximately 60% of the GDP, and employs half of the archipelago's labor force. Before 2006, a steady growth in tourism receipts and a boom in construction of new hotels, resorts, and residences led to solid GDP growth; but since then, tourism receipts have begun to drop off. The global recession in 2008 took a sizeable toll on the Bahamas, resulting in a contraction in GDP and a widening budget deficit. Despite government incentives aimed at the manufacturing and agriculture sectors, economic growth in the Bahamas remains slow.

### HIV/AIDS Statistics

The HIV prevalence rate in the Bahamas's general population is estimated at 2.8%, with 6,500 PLHIV. The Bahamas has the highest HIV prevalence in the Caribbean region. AIDS has been the leading cause of death in the 15–49 years age group in the Bahamas since 1994. The majority of persons reported are in the productive years of early adulthood between 20 and 39 years of age. The disease occurs primarily among heterosexuals, although underreporting by men who have sex with men remains a challenge (UNGASS Country Progress Report: The Commonwealth of the Bahamas, 2010).





## Military Statistics

The Royal Bahamas Defense Force (RBDF) is composed of an estimated 1,000 members. The Bahamas allocates 0.7% of the GDP for military expenditures. Military HIV prevalence rates are unknown.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff members have been working with the US Naval Liaison Office at the US Embassy in Nassau and the RBDF on military-specific prevention activities. In 2009, the Bahamas joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager works for the US MLO in Bridgetown, Barbados, and coordinates activities across the militaries in the Caribbean region.

## OUTCOMES & IMPACT

### Prevention

In November 2011, DHAPP hosted a rapid HIV and STI training in Barbados for the benefit of military personnel who perform or will perform rapid HIV and STI screenings within the military setting. The goals of the training were to provide cross-disciplinary training on the clinical, epidemiological, and diagnostic aspects of HIV and STIs, with an emphasis on the implementation of point-of-care diagnostic tests. The RBDF attended the training.

### Proposed Future Activities

There are no future proposed activities with the RBDF. DHAPP has appreciated the collaborative relationship with the RBDF.





# Barbados

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## BACKGROUND

### Country Statistics

The estimated population of Barbados is 287,000 people, with an average life expectancy of 75 years. English is the official language of Barbados, which has an estimated literacy rate of nearly 100%, evenly distributed between men and women. The GDP per capita is \$25,500. Historically, the Barbadian economy had been dependent on sugarcane cultivation and related activities. In recent years, the economy has diversified into light industry and tourism, while offshore finance and information services have become important foreign exchange earners. The country's tourism, financial services, and construction industries have been hit hard following the global economic crisis in 2008, which cause the economy to contract in 2009. Growth has slowed to less than 1% annually since 2010, and the public debt-to-GDP ratio rose from 56% in 2008 to 83% by 2012.

### HIV/AIDS Statistics

The HIV prevalence rate in the adult population is estimated at 0.9%, with approximately 1,400 PLHIV (UNAIDS website, February 2013). Although the HIV epidemic in Barbados is generalized, implying that HIV prevalence in the general population is relatively high, the prevalence is even higher among the most at-risk populations. Some of the key populations believed to be at higher risk are men in general, men who have sex with men, sex workers, prisoners, and injection drug users. Recently, key research activities have been initiated to determine behavioral patterns of the most at-risk populations in the context of HIV (UNGASS Country Progress Report: Barbados, 2010).





## Military Statistics

The Barbados Defense Force (BDF) consists of approximately 1,000 personnel distributed among the Troops Command and the Coast Guard. The BDF is responsible for national security and can be employed to maintain public order in times of crisis, emergency, or other specific need. The percentage of the Barbados GDP expended on a military purpose is 0.8%. Military HIV prevalence rates are unknown.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff have been working in conjunction with the US MLO in Bridgetown and the BDF on a military-specific prevention program. In 2009, Barbados joined the other Caribbean militaries of Antigua and Barbuda, Belize, Bahamas, Jamaica, Suriname, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region.

## OUTCOMES AND IMPACT

### Prevention and Health System Strengthening

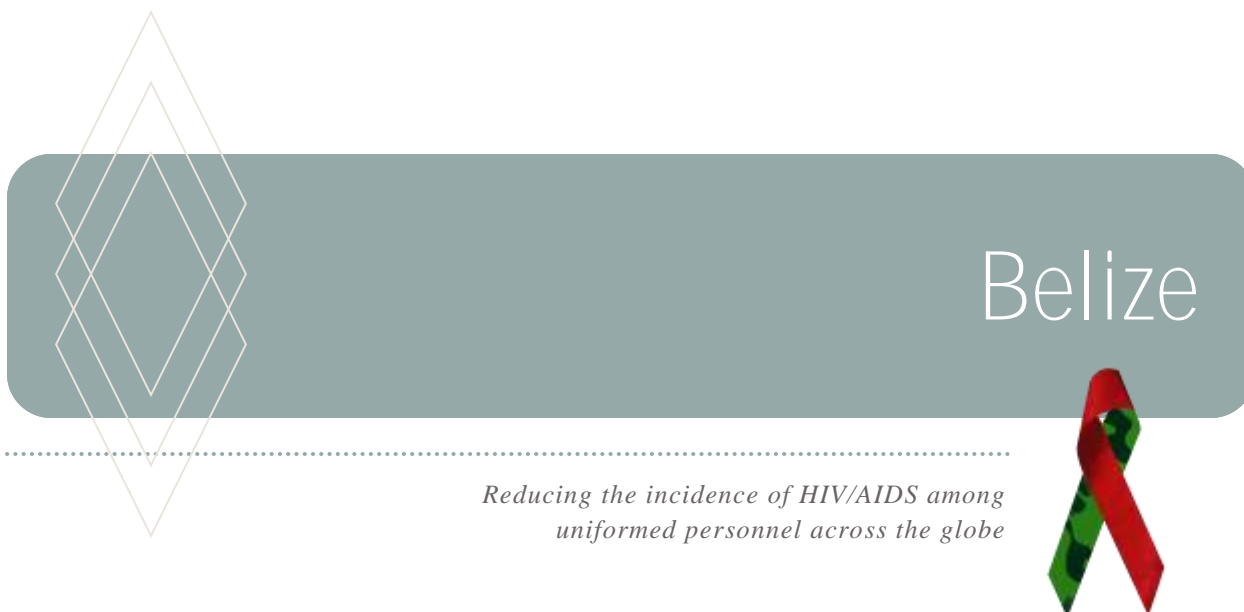
During FY12, DHAPP and the BDF's collaborative efforts focused on health system strengthening that would expand the BDF's prevention program. In November 2011, DHAPP hosted a rapid HIV and STI training in Barbados for the benefit of military personnel who perform or will perform rapid HIV and STI screenings within the military setting. The goals of the training were to provide cross-disciplinary training on the clinical, epidemiological, and diagnostic aspects of HIV and STIs, with an emphasis on the implementation of point-of-care diagnostic tests. The BDF attended the training. In March 2012, DHAPP secured the expertise of the Caribbean Health Research Council to conduct a basic monitoring and evaluation training in Port of Spain, Trinidad, for militaries in the region. The BDF sent delegates to the training along with 6 other militaries. Lastly, 2 members of the BDF and the DHAPP Program Manager attended IMilHAC in 2012.

### Proposed Future Activities

In FY13, DHAPP will bring on a new partner to assist the BDF with expanding its HIV prevention efforts as well draft and approve an HIV policy.







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## BACKGROUND

### Country Statistics

The estimated population of Belize is 327,000 people, with an average life expectancy of 68 years. English is the official language of Belize, but nearly half of the population speaks Spanish. The estimated literacy rate is 77% and is evenly distributed between men and women. The GDP per capita is \$8,400, with an unemployment rate of 13%. In this small, essentially private-enterprise economy, tourism is the number one foreign exchange earner, followed by exports of marine products, citrus, cane sugar, bananas, and garments. Growth slipped to 0% in 2009, and has remained at just over 2% per year from 2010 to 2012, as a result of the global economic crisis, natural disasters, and a temporary drop in the price of oil. Current concerns include the country's sizeable trade deficit and heavy foreign debt burden, especially following the country's default on a \$23 million payment on its global bond in September 2012.



### HIV/AIDS Statistics

The HIV prevalence rate among people 15–49 years of age is estimated at 2.3%, the highest per capita HIV prevalence rate in Central America. By the end of 2009, there were 4,600 PLHIV (UNAIDS website, February 2013).

### Military Statistics

The Belize Defense Force (BDF) is composed of approximately 1,000 personnel, with the primary task of defending the nation's borders and providing support to civil authorities. Belize allocates 1.4% of the GDP for military expenditures. A serological and behavioral assessment was conducted among BDF personnel in 2010. Results were released in 2011 and showed an HIV rate of 1.14% among the BDF.



## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff have been working in conjunction with the US MLOs in Belmopan and Bridgetown, Barbados, and the BDF to create a military-specific HIV/AIDS program. Belize is also a partner nation in both the PEPFAR Caribbean and Central America Partnership Frameworks. A DoD regional program manager coordinates activities across the militaries in the Caribbean region and is based at the US MLO in Bridgetown. Charles Drew University of Medicine and Science (CDU) assists the BDF with its HIV program. CDU has expanded the BDF's prevention portfolio, and a previous partner supported a serological and behavioral assessment of HIV infection within the BDF.

## OUTCOMES & IMPACT

### Prevention and Health System Strengthening

The BDF and CDU began working together in January 2010 and have expanded the BDF's HIV prevention program. Five hundred (500) soldiers were reached through individual and small group education sessions at 4 military bases, resulting in a 133% achievement. Militaries and implementing partners utilize tracking sheets to record and disaggregate data and method of delivery. Prevention activities implemented by CDU included the distribution of condoms to military members at each of the 4 bases. Soldiers received information and demonstrations on correct condom use, as well as care packets that included female condoms, male condoms, and pamphlets on HIV and STIs. The session included a risk assessment game, a presentation on why the military is vulnerable to HIV, the difference between HIV and AIDS, how HIV is transmitted, and how HIV infection can be prevented. Leadership support of the prevention program has resulted in high achievement of program deliverables. In fact, senior leadership declared that HIV will be a standard topic covered at all safety stand-downs.

One of the primary objectives of the BDF's HIV program is to offer HTC services. In FY12, HTC services were provided to 264 members. Program results achieved 88% of targets and included military members and civilian employees who received HTC services at 15 different events. HTC services

are delivered to adults only and the military is capable of effectively disaggregating age and sex variables due to the small size of the population and the tracking documentation used. The military provides care and treatment and keeps records of test results and newly diagnosed individuals. Additionally, the BDF opened a second HTC site in Punta Gorda, at which a physician and lab technician rotate to provide services. The MOH and the BDF have formally agreed (in writing) that the MOH will supply the BDF with testing kits. In addition, soldiers who are on ARVs are now able to access their medication at the BDF hospital.





Capacity building in rapid HIV and STI training, monitoring and evaluation, and peer education was provided to 40 individuals, resulting in 129% of target reached. Achievements included leadership training for the 17 senior leadership personnel in Belize to support and strengthen the HIV program as well as 1 laboratory training for 1 technician. In November 2011, DHAPP hosted a rapid HIV and STI training in Barbados for the benefit of military personnel who perform or will perform rapid HIV and STI screenings within the military setting. The goals of the training were to provide cross-disciplinary training on the clinical, epidemiological, and diagnostic aspects of HIV and STIs, with an emphasis on the implementation of point-of-care diagnostic tests. The BDF attended the training. In March 2012, DHAPP secured the expertise of the Caribbean Health Research Council to conduct a basic monitoring and evaluation training in Port of Spain, Trinidad, for militaries in the region. The BDF sent delegates to the training along with 6 other militaries.

DHAPP sponsored 1 candidate of the BDF to participate in the Caribbean Health Leadership Institute (CHLI) program, which commenced in March 2012. CHLI is based at the University of the West Indies and offers an 11-month learning cycle. The aims of CHLI include the following: take training in public health to a higher level; add to the cadre of competent, confident, and committed leaders and managers in the health sector; improve the effectiveness of HIV programs and other health programs by enhancing the knowledge, skills, and attitudes of persons who are in influential positions in HIV programs in Caribbean countries and territories; engender positive change in health systems that have a crucial bearing on the delivery of quality health care and prevention in relation to HIV/AIDS and other health issues; and foster the attitude and practice of formal and informal life-long learning among leaders and managers.

In January 2012, the BDF sent an enlisted medical member to the Jamaican National Public Health Laboratory in Kingston for the 2 weeks in a south-to-south exchange for laboratory practices in hematology, chemistry, serological tests, parasitology, general microbiology and HIV/STI diagnostic procedures. An abstract for an oral presentation was submitted by the BDF to the organizing committee of the Caribbean HIV Conference held in Nassau, Bahamas, in November 2011. It was accepted for oral presentation and a member of the BDF presented the abstract: *Correlates of HIV Testing Behavior in the Belize Defense Force*. Additionally, 1 BDF member attended IMiLHAC in May 2012, and he presented on their development of an automated posttest counseling interactive tool.

### Proposed Future Activities

The BDF will continue prevention activities with CDU, as well as HTC services. In FY13, DHAPP has planned training in advanced program monitoring and evaluation, and BDF representatives will attend. Lastly, 1 member of the BDF will begin a pre-service training program in public health, which will result in a master's degree.





# Bolivia



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## BACKGROUND

### Country Statistics

Bolivia has an estimated population of 10.3 million, with a life expectancy of 68 years. The official languages are Spanish, Quechua, and Aymara, and the literacy rate is 86.7%, unevenly distributed between men and women. Bolivia is one of the poorest and least developed countries in the Latin American region. From 2003 to 2005, the country experienced a period of political instability, racial tensions, and violent protests against plans to export natural gas reserves, which were later abandoned. President Evo Morales, originally elected in 2005, was re-elected in 2009. The country's first-ever judicial elections were held in October 2011. The GDP per capita is \$5,000. The Bolivian economy had the highest growth rate in South America during 2009, and increases in world commodity prices resulted in rapid growth and large trade surpluses in 2010–2012. A lack of foreign investment, along with growing conflict among social groups, continues to create an ongoing challenge for the Bolivian economy.

### HIV/AIDS Statistics

The HIV prevalence rate in Bolivia's general population is approximately 0.3% among adults 15–49 years of age. The estimated number of people living with HIV/AIDS in 2011 was 17,000 (UNAIDS website, February 2013).



### Military Statistics

The Bolivian Armed Forces (BAF) is made up of Army, Navy, and Air Force branches, and the approximate size is 46,000 personnel. Bolivia allocates 1.3%



of its GDP to military expenditures. The HIV prevalence among the military is unknown.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP is working in collaboration with the US Security Cooperation Office at the US Embassy in La Paz. Ayuda Internacional para el Desarrollo (International Aid for Development) supported the BAF with its HIV program until January 2012.



## OUTCOMES & IMPACT

Representatives of the BAF attended the 2012 COPRECOS Latin America/ Caribbean reunion in Bogota, Colombia. The objectives of this meeting included assembly election and the development of the regional HIV/AIDS policy and Strategic Plan 2012–2015.

Two (2) members of the BAF attended IMilHAC in May 2012.

### Proposed Future Activities

NAMRU-6 will be supporting the BAF to provide training and assistance in development and strengthening of information systems, in addition to supporting a lab assessment and lab-strengthening activities.





# Colombia



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## BACKGROUND

### Country Statistics

Colombia has a population of 45.2 million, with a life expectancy of 75 years. Spanish is the official language, and the literacy rate is 90%, evenly distributed between men and women. A 40-year-long conflict between government forces and anti-government insurgent groups, mainly the Revolutionary Armed Forces of Colombia (FARC), heavily funded by the drug trade, escalated during the 1990s. Violence has since decreased, but insurgents continue attacks against civilians, and large areas of the countryside remain under guerilla influence. In October 2012, the government of Colombia began formal peace negotiations with the FARC, aimed at reaching a definitive ceasefire and incorporating demobilized FARC members into mainstream society and the government.

Colombia depends heavily on oil exports and its economy is affected by inadequate infrastructure. The GDP has grown more than 4% per year over the past 3 years, continuing almost a decade of strong economic performance. The unemployment rate of 10.3% is one of the highest in Latin America. The US-Colombia Free Trade Agreement was ratified in October 2011 and implemented in 2012.

Foreign direct investment reached \$10 billion in 2008, and dropped to \$7.2 billion in 2009, before setting a record high of \$16 billion in 2012. The GDP per capita is \$10,700. Gender inequality, underemployment, and drug trafficking remain significant challenges, and improvements to the country's infrastructure are necessary to sustain economic expansion. It is important to recognize how these factors play an important role in the potential increase and spread of HIV infection.





## HIV/AIDS Statistics

HIV is mainly concentrated in certain populations with high vulnerability (sex workers and men who have sex with men, for whom HIV prevalence rates are approximately over 3% and 10%, respectively), while the general population prevalence for adults 15–49 years of age is 0.5%. The estimated number of people living with HIV/AIDS in 2011 was 150,000 (UNAIDS website, February 2013).

## Military Statistics

The Colombian Armed Forces (CAF) is made up of the Army, Navy, Air Force, and Coast Guard, with approximately 283,000 personnel. Approximately 3.4% of the country's GDP is allocated for military expenditures. The HIV prevalence rate among the military is unknown, although a biobehavioral surveillance survey has been conducted by the Global Fund in the last year and will be analyzed in FY13.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

The proposed activities supported by DHAPP will complement the current work plan in collaboration with the support provided by the Colombian Ministry of National Defense and COPRECOS-Colombia. COPRECOS is integrating plans with UNFPA and the Global Fund AVANZADA project. The in-country implementing partner, Liga Colombiana de Lucha Contra el SIDA supported the CAF with its HIV prevention program in FY12.

## OUTCOMES & IMPACT

### Prevention

A total of 220 soldiers were trained in HIV/AIDS prevention. Information in these educational sessions also included sexual and reproductive rights, and reduction of stigma and discrimination. A biobehavioral surveillance survey was conducted by the Global Fund AVANZADA project. DHAPP is contributing to the analysis component of the study, and data analysis will take place in FY13.

### Other

NAMRU-6 staff are supporting the CAF through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of laboratory personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. One (1) member of the CAF participated in the first PROMELA didactic and bench training course held in September–October 2012 in Lima, Peru. Two (2) representatives from the CAF and 1 member of the US military in Colombia attended IMilHAC in May 2012.

### Proposed Future Activities

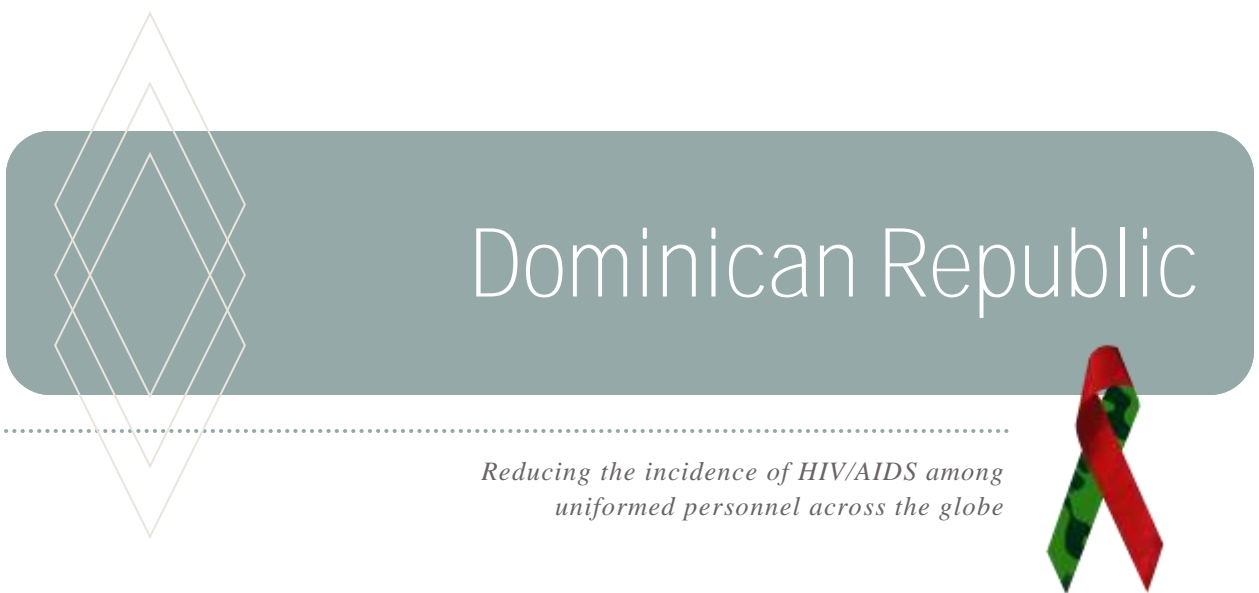
In-country partner Liga Colombiana de Lucha Contra el SIDA will evaluate and strengthen the use of the information system, capturing HIV information by the health units to inform public health interventions, and monitoring health



promoters. Technical assistance will be provided in lab diagnostics, training, and surveillance and data analysis. NAMRU-6 staff will continue to support the CAF to provide training and assistance in the development and strengthening of information systems, in addition to supporting a lab assessment and lab strengthening activities.







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## BACKGROUND

### Country Statistics

The estimated population of the Dominican Republic is 10 million people, with an average life expectancy of 77 years. Spanish is the official language of the Dominican Republic, which has an estimated literacy rate of 87%, evenly distributed between men and women. The GDP per capita is \$9,600, with an unemployment rate of 14.7%. The country is known primarily for exporting sugar, coffee, and tobacco. However, recently the service sector has overtaken agriculture as the economy's largest employer due to growth in telecommunications, tourism, and free trade zones. The United States is the destination for more than half of exports, and remittances from the United States amount to about one tenth of the GDP. The economy is one of the fastest growing in the region, and although growth rebounded in 2010–2012, the fiscal deficit climbed from 2.6% in 2011 to 8% in 2012. High unemployment and underemployment remain important challenges.

### HIV/AIDS Statistics

The estimated HIV prevalence rate in the general population of the Dominican Republic is 0.7%, and approximately 44,000 Dominicans are living with HIV/AIDS (UNAIDS website, February 2013).

According the UNAIDS *AIDS Epidemic Update 2009*, HIV incidence is on the decline, with a statistically significant drop in new infections in the Dominican Republic. The Dominican Republic was a country previously believed to have an epidemic overwhelmingly characterized by heterosexual transmission, but the continuing high prevalence of men among those living with HIV/AIDS has led researchers





to conclude that sexual transmission between men may account for a much larger share of infections than earlier believed. A recent review of epidemiological and behavioral data in the Dominican Republic also concluded that the notable declines in HIV prevalence reported were likely due to changes in sexual behavior, including increased condom use and partner reduction, although the study also highlighted high levels of HIV infection among men who have sex with men. Surveys of men who have sex with men in the Dominican Republic found that 11% were living with HIV and that only about half (54%) reported using condoms consistently during anal intercourse with another man.

### **Military Statistics**

The Dominican Republic military, known as Fuerza Aerea Dominicana (FAD), consists of approximately 25,000 active-duty personnel, about 30% of whom participate in nonmilitary operations, including providing security. The country allocates 0.7% of the GDP toward military expenditures. The primary missions are to defend the nation and protect the territorial integrity of the country. The army, twice as large as the other services, comprises approximately 24,000 active-duty personnel. The FAD is second in size to Cuba's military in the Caribbean.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

DHAPP staff have been working in collaboration with the US MLO in Santo Domingo and the FAD. In FY12, the implementing partners for the FAD were Fundacion Genesis, INSALUD (Instituto Nacional de Salud) and NAMRU-6.

## **OUTCOMES & IMPACT**

### **Prevention**

In FY12, 554 individuals were reached with individual and/or small group-level preventive interventions that are based on evidence and/or meet the minimum PEPFAR standard requirements. Other prevention activities include providing HTC services to 1,960 individuals in FY12. Fundacion Genesis supported the FAD by providing a mass media campaign and community education for prevention and HTC services at 7 sites, as well as aiding in the development of an HIV/AIDS policy for the military. INSALUD developed an HIV curriculum to be implemented in the military academies.



In FY12, 23 health care workers successfully completed an in-service training program. One (1) military representative completed a Field Epidemiology Training Program. Twenty-two (22) educators were trained to provide prevention sessions to military academy cadets. These prevention sessions will also include policy communication and be subject to monitoring and evaluation to determine message efficacy.



Workshops were conducted by Fundacion Genesis to train health care personnel in HTC services, including 12 new providers who received basic HIV counseling training and practical training as well as 26 providers who were trained during the induction phase of the project and received refresher training. PSI was awarded a grant in FY12 to implement BCC through a multiple-strategy approach including peer educators and to ensure and promote condom distribution programs in support of the FAD during FY13.

### Other

NAMRU-6 staff are supporting the Dominican Republic through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of laboratory personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Three (3) members of the FAD participated in the first PROMELA didactic and bench training course held in September–October 2012 in Lima, Peru.



NAMRU-6 staff conducted a baseline assessment to assess the architecture and functionality of the military information systems in the Dominican Republic as part of the PEPFAR-funded HIV/AIDS program management and disease surveillance plan.

The HIV policy for the FAD has been defined, printed, and disseminated. A simpler guidance document is being developed based on the policy to guide HIV-related activities within the FAD focused on HTC service delivery and defined conduct.

Two (2) representatives from the FAD attended IMilHAC in May 2012.

### Proposed Future Activities

In FY13, activities to support counseling and testing, prevention, and policy dissemination as well as efforts to build a comprehensive HIV program for the FAD will be continued.

Johns Hopkins University was also awarded a grant in FY12 and will be providing support to the Dominican Republic to develop and implement systems for disease surveillance and program monitoring in collaboration with DHAPP and NAMRU-6. These systems will be deployed in host-country militaries and supported by training and computer system development. NAMRU-6 is also working with the FAD to facilitate military participation in the Field Epidemiology Training Program to be held in Guatemala and master's degree training in epidemiological research, which will be conducted in Peru.





# Ecuador



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## BACKGROUND

### Country Statistics

Ecuador has an estimated population of 15 million people, with an average life expectancy of 76 years. Spanish is the official language of Ecuador, and the indigenous languages Quechua and Shuar are also recognized. The literacy rate is 93%, evenly distributed between men and women. Political instability has marked the country's years of civilian governance, but in late 2008, voters approved a new constitution, the country's 20th since gaining independence. More than half of Ecuador's export earnings and two fifths of public sector revenues rely on the country's petroleum resources. Following a banking crisis in 1999–2000, the GDP contracted by 5.3% and poverty significantly increased. A series of structural reforms and adoption of the US dollar in 2000 helped to stabilize the economy, and positive growth, fueled by high oil prices, remittances, and increased nontraditional exports, returned in subsequent years. Economic growth slowed by 2009, due to the global financial crisis, and although growth increased to 3.6% in 2010 and 7.8% in 2011, it fell to 4% in 2012. Economic policies under the current administration have generated economic uncertainty and discouraged private investment. The GDP per capita is \$8,800.



### HIV/AIDS Statistics

The adult HIV prevalence rate in Ecuador is approximately 0.4%, and an estimated 35,000 people are thought to be living with HIV/AIDS (UNAIDS website, February 2013).



## Military Statistics

The Ecuadorian Armed Forces (EAF) consists of the Ecuadorian Land Force, Navy, and Air Force, with approximately 58,000 personnel. It is estimated that Ecuador allocates 0.9% of the country's GDP toward military expenditures.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

NAMRU-6 staff initiated efforts to support Ecuador in the improvement of capabilities and quality of HIV, TB, and STI diagnosis.

## OUTCOMES & IMPACT

Representatives of the EAF attended the 2012 COPRECOS Latin America/ Caribbean reunion in Bogota, Colombia. The objective of this meeting included assembly election and the development of the regional HIV/AIDS policy and Strategic Plan 2012–2015.

One (1) member of the EAF attended IMilHAC in May 2012.

### Proposed Future Activities

NAMRU-6 staff will continue to support the Ecuadorian military to provide training and assistance in the development and strengthening of information systems, in addition to supporting a lab assessment and lab strengthening activities. Training will be provided through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of laboratory personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Members of the EAF will participate in the PROMELA didactic and bench training course in FY13.





# El Salvador



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## BACKGROUND

### Country Statistics

El Salvador is the smallest and most densely populated country in Central America. The country has an estimated population of 6 million people, with an average life expectancy of 74 years. Spanish is the official language of El Salvador, with Nahuatl spoken among some of the country's Amerindian population. The literacy rate in El Salvador is estimated at 81%, evenly distributed between men and women. El Salvador's 12-year civil war ended in 1992, when the government and leftist rebels signed a treaty that provided for military and political reforms. Although the country is the smallest in the region, El Salvador has the region's third largest economy. The economy contracted by 3.1% with the global recession in 2009, and slowed even further from 2010–2012. Remittances accounted for 17% of the GDP in 2011 and were received by about one third of all households in the country. El Salvador was the first country to sign the Dominican Republic–Central American Free Trade Agreement in 2006, bolstering the export of sugar, ethanol and processed foods. In 2012, El Salvador successfully completed a \$461 million compact with the Millennium Challenge Corporation, a US agency aimed at stimulating economic growth and reducing poverty in the country's northern region through investments in public service, education, enterprise development, and transportation infrastructure. The GDP per capita is \$7,700.





## HIV/AIDS Statistics

The HIV prevalence rate in El Salvador's general population is approximately 0.6%, and an estimated 24,000 people are living with HIV/AIDS (UNAIDS website, February 2013). According to an epidemiological report from the Ministry of Public Health and Social Assistance, through the National STI/HIV/AIDS Program from 1984 to December 2006, a total of 18,018 HIV/AIDS cases were reported. UNAIDS estimates a 40% to 50% under-recording in the country. Of the 18,018 cases recorded, the age group most affected is those 20–34 years of age, accounting for 51% of all cases (May 2007, Ministry of Health, *The Fight Against AIDS in El Salvador, a National Commitment*). The 2009 UNAIDS *AIDS Epidemic Update* reported that certain at-risk populations account for a large share of infections in Latin America, such as men who have sex with men, injection drug users, sex workers, and their partners. Surveys have found HIV prevalence among men who have sex with men in El Salvador to be 7.9%. Men who have sex with men were 21.8 times more likely than the general population to be infected in El Salvador. Serosurveys in recent years have detected a 3.2% HIV prevalence rate among female sex workers in El Salvador.

## Military Statistics

The Salvadoran Armed Forces (SAF) consists of approximately 15,000 members. The SAF consists of the Salvadoran Army, Navy, and Air Force. It is estimated that 0.6% of the country's GDP is allocated for military expenses. The SAF, primarily made up of young men and women 18–49 years of age, has a 12-month service obligation. In 1987, the first HIV case in the armed forces was detected. From that first case until 2005, 383 cases of HIV/AIDS were reported in the SAF. In 1994, the SAF medical command approved a directive for a policy, standards, and procedures plan to regulate research, control, and surveillance of HIV/AIDS among SAF personnel.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

In 2009, El Salvador joined the other Central American militaries of Belize, Guatemala, Honduras, and Nicaragua in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala.

DHAPP staff have been collaborating with the US MLO in San Salvador and the SAF to re-energize its program. A new program manager was hired in FY13 to support the DoD programs in Nicaragua and El Salvador.

A new prevention partner is expected in FY13.



## OUTCOMES & IMPACT

NAMRU-6 staff are supporting El Salvador through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of laboratory personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Two (2) members of the Salvadoran military participated in the first PROMELA didactic and bench training course held in September-October 2012 in Lima, Peru.

NAMRU-6 staff conducted a baseline assessment to assess the architecture and functionality of the El Salvadoran military information systems as part of the PEPFAR-funded HIV/AIDS program management and disease surveillance plan.

Representatives of the SAF attended the 2012 COPRECOS Latin America/ Caribbean reunion in Bogota, Colombia. The objective of this meeting included assembly election and the development of the regional HIV/AIDS policy and Strategic Plan 2012–2015.

Two (2) representatives from the SAF attended IMilHAC in May 2012.

### Proposed Future Activities

Johns Hopkins University was awarded a grant in FY12 and will be providing support to countries in the region, including El Salvador, to develop and implement systems for disease surveillance and program monitoring in collaboration with DHAPP and NAMRU-6. These systems will be deployed in host country militaries and supported by training and computer system development.

A prevention partner will be awarded a grant in FY13 to work with the SAF to implement HIV prevention programming using peer education.





# Guatemala

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## BACKGROUND

### Country Statistics

The estimated population of Guatemala is 14 million people, with an average life expectancy of 71 years. Spanish is the official language of Guatemala, which has an estimated literacy rate of 69%, unevenly distributed between men and women. The GDP per capita is \$5,200, with an unemployment rate of 4.1%. Guatemala is the most populous of the Central American countries, with a GDP per capita roughly one half that of the average for Latin America and the Caribbean. The agricultural sector accounts for almost 13% of GDP, and 38% of the labor force. Coffee, sugar, vegetables, and bananas are the main export products. The distribution of income is highly unequal in Guatemala, and more than half of the population lives below the poverty line. The economy contracted in 2009 as foreign investment slowed amid the global recession and export demand decreased. The economy gradually recovered in 2010–2012.



### HIV/AIDS Statistics

The HIV prevalence rate in the general population of Guatemala is estimated at 0.8%, with approximately 65,000 people living with HIV/AIDS (UNAIDS website, February 2013). HIV in Guatemala is spread primarily through sexual activity, and it is growing rapidly among men who have sex with men, and sex workers. According to the UNAIDS *AIDS Epidemic Update 2009*, recent serosurveys in Guatemala have detected a 4.3% HIV prevalence rate among female sex workers. In addition, a recent study in Guatemala found that a multilevel intervention focused on female sex workers resulted in a more than fourfold decline in HIV incidence in the population, as well as a significant increase in consistent condom use.



## Military Statistics

The Guatemalan Armed Forces (GAF) consists of approximately 15,500 members, stationed at 85 military bases across the country. Guatemala expends 0.4% of the GDP on the military. In a 2003 study, 3,000 military personnel were tested for HIV, and 0.7% of those members were diagnosed as HIV positive.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

In 2009, Guatemala joined the other Central American militaries of Belize, El Salvador, Honduras, and Nicaragua in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR Coordinator and team sit in Guatemala. DHAPP staff are active members of the PEPFAR Country Support Team for Central America, and a program manager will be hired locally in FY13 to support military programs in Belize, Guatemala, and Honduras.



## OUTCOMES & IMPACT

PSI's affiliate in Central America, PASMO, is the implementing partner supporting the GAF prevention program in FY12. Program activities commenced in June 2012; a total of 675 people were reached with small group-level interventions in 12 military bases and a total of 264 individuals received HTC services. Twenty-four (24) military personnel have been trained as peer educators to deliver BCC activities, and 22 military nurses were trained in HTC. NAMRU-6 staff are supporting Guatemala through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of laboratory personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Two (2) members of the GAF participated in the first PROMELA didactic and bench training course held in September–October 2012 in Lima, Peru.

NAMRU-6 staff conducted a baseline assessment to assess the architecture and functionality of the Guatemalan military information systems as part of the PEPFAR-funded HIV/AIDS program management and disease surveillance plan.

Two (2) members of the GAF and 1 US military representative in Guatemala attended IMilHAC in May 2012.

### Proposed Future Activities

Johns Hopkins University was awarded a grant in FY12 and will be providing support to countries in the region, including Guatemala, to develop and implement systems for disease surveillance and program monitoring in collaboration with DHAPP and NAMRU-6. These systems will be deployed in



host country militaries and supported by training and computer system development.

A behavioral seroprevalence survey is scheduled for FY13 to better understand the prevalence of HIV and risk factors for HIV and other STIs. Data will be used to inform future HIV prevention interventions.

NAMRU-6 is also working with the GAF to facilitate military participation in the Field Epidemiology Training Program to be held in Guatemala and master's degree training in epidemiological research, which will be conducted in Peru.





# Guyana



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## BACKGROUND

### Country Statistics

The estimated population of Guyana is 740,000, with a life expectancy of 67 years. English is the official language of Guyana, but other languages are spoken, such as Amerindian dialects, Creole, Caribbean Hindustani, and Urdu. The literacy rate in Guyana is 92%, evenly distributed between men and women. The GDP per capita is \$8,000. The Guyanese economy exhibited moderate economic growth in recent years and is mostly based on agriculture and extractive industries. Nearly 60% of the country's GDP is dependent on the export of 6 commodities: sugar, gold, bauxite, shrimp, timber, and rice. Guyana's entrance into the Caribbean Community Single Market and Economy in January 2006 will continue to broaden the country's export market, primarily in the raw materials sector. Due to the global recession, economic growth slowed in 2009, and although it picked up in 2010–11, it slowed again by 2012.



### HIV/AIDS Statistics

The HIV prevalence rate in Guyana's general population is estimated at 1.1%, with approximately 6,200 PLHIV (UNAIDS website, February 2013). Among sex workers, the HIV prevalence is 27% in Guyana (UNAIDS *Report on the Global AIDS Epidemic 2010*). Additionally, men who have sex with men are still a key population that is lacking support in Guyana.

### Military Statistics

The Guyana Defense Force (GDF) is estimated at 2,000 troops. Guyana



allocates 1.8% of the GDP for military expenditures. HIV prevalence has been estimated at 0.64% among military recruits in Guyana. A seroprevalence and behavioral survey was conducted for the GDF in late 2011.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff members and the US MLO in Georgetown have been working with the GDF. An in-country program manager, who works for the MLO, oversees and coordinates activities with the GDF.

## OUTCOMES AND IMPACT

### Prevention and Health System Strengthening

Prevention activities occurred in the GDF, such as reaching 160 individuals with individual and/or small group-level preventive interventions that are based on evidence and meet PEPFAR standards. Because of unrest in the country at various times during the reporting period, prevention activities were reduced from the previous year. In total, 1,209 individuals received HTC services which included receiving their test results. HTC services were conducted at the stand alone sites and with the mobile health unit.



The GDF and DHAPP developed a protocol for SABERS and conducted data collection with nearly 500 participants from October to November 2011. Data analysis was completed by DHAPP in FY12 and results were disseminated to the GDF leadership in 2013. Additionally, lab analyses of the specimens were conducted by CDC in Atlanta. At present, the report for the survey results is in review and will be completed in 2013.

Two (2) members of the GDF and the DHAPP Program Manager attended IMilHAC in May 2012, and 1 trainee attended the MIHTP course in San Diego.

### Proposed Future Activities

Trainings are planned for the GDF in laboratory and TB services, and injection and blood safety. Mobile HTC services will continue to be provided at various bases. Educational materials will be distributed to military personnel with information on HIV prevention, HTC, STIs, and stigma and discrimination.





# Honduras



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## BACKGROUND

### Country Statistics

The estimated population of Honduras is 8.3 million people, with an average life expectancy of 71 years. The official language of Honduras is Spanish, and the literacy rate is 80%, evenly distributed between men and women. The GDP per capita is \$4,600, with an estimated unemployment rate of 4.5%. Honduras is the second poorest country in Central America and has an extraordinarily unequal distribution of income and massive unemployment. The economy improved marginally in 2010, but the growth was not sufficient to improve living standards for the large proportion of the population living in poverty. Historically, the economy relied heavily on a narrow range of exports, notably bananas and coffee, but it has diversified its export base to include apparel and automobile wire harnessing.



### HIV/AIDS Statistics

The HIV prevalence rate in the Honduran general population is estimated at 0.5-0.9%, with 33,000 people living with HIV/AIDS (UNAIDS website, February 2013). According to the UNAIDS *Epidemic AIDS Update 2010*, the latest epidemiological data suggest that the epidemic in Latin America remains stable. With a regional HIV prevalence of 0.6%, Latin America is primarily home to low level and concentrated epidemics.



## Military Statistics

The Honduran Armed Forces (HAF) consists of approximately 12,000 troops. The various branches of the military in Honduras include an army, navy, and air force. The Honduran government allocates 0.6% of the GDP for the military. The HIV prevalence rate in the HAF is currently unknown, but a biobehavioral surveillance survey (BBSS) was conducted in FY12 and the results are currently being analyzed.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff are collaborating with USSOUTHCOM, US Joint Task Force-Bravo (JTF-Bravo), and the HAF to support an HIV/AIDS prevention program in Honduras. In addition, PSI and its affiliate in Central America, PASMO, is supporting the HAF with its prevention program.

## OUTCOMES & IMPACT

### Prevention

Through the implementing partner PASMO, 1,255 people were reached with individual and/or small group-level preventive interventions in FY12, which are based on evidence and/or meet the minimum PEPFAR standard requirements. Of these 1,255 individuals, 80 were military officers who received sensitization training on the importance of HIV prevention in the military population. A total of 2,000 individuals were counseled and tested for HIV and received their results. Ten (10) military health care workers successfully completed an in-service training program; 9 completed HTC training, and 1 individual received training in the development and implementation of HIV policies in the military.



A BBSS study among the HAF was conducted and data collection was completed in FY12. The data are currently being analyzed.

### Other

NAMRU-6 staff are supporting Honduras through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of laboratory personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. One (1) member of the HAF participated in the first PROMELA didactic and bench training course held in September–October 2012 in Lima, Peru.

NAMRU-6 staff conducted a baseline assessment to evaluate the architecture and functionality of the HAF information systems as part of the PEPFAR-funded HIV/AIDS program management and disease surveillance plan.



Two (2) representatives from the HAF and 2 representatives from JTF-Bravo attended IMilHAC in May 2012.

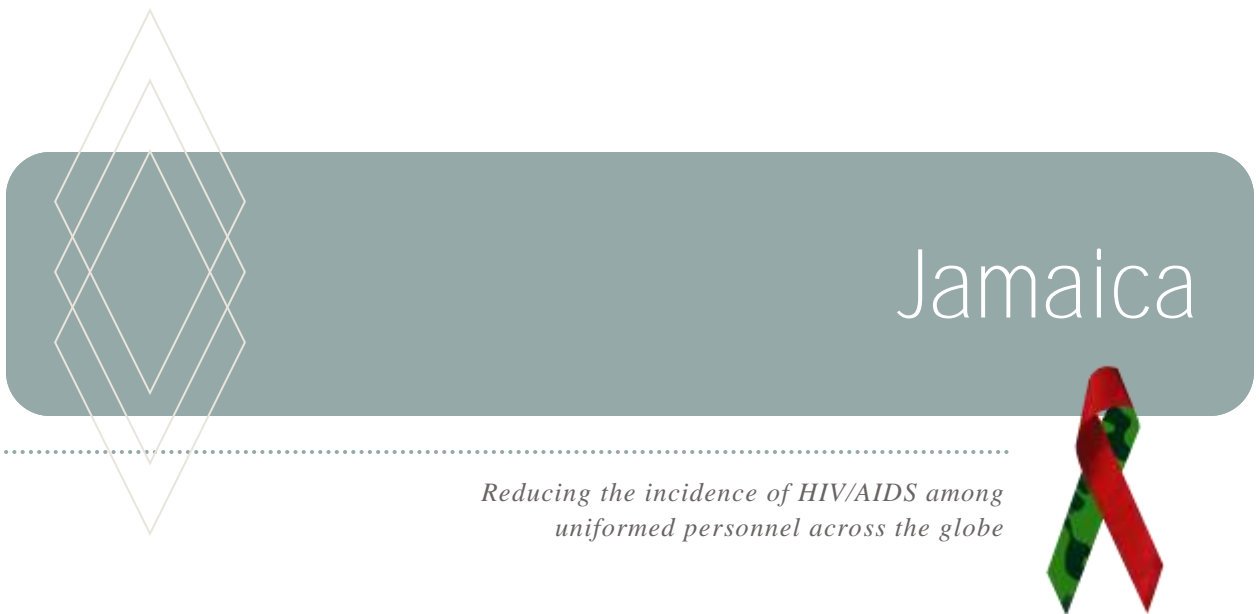
### **Proposed Future Activities**

Johns Hopkins University was awarded a grant in FY12 and will be providing support to countries in the region, including Honduras, to develop and implement systems for disease surveillance and program monitoring in collaboration with DHAPP and NAMRU-6. These systems will be deployed in host country militaries and supported by training and computer system development.

In FY13, a dissemination workshop will be conducted among key stakeholders to discuss the results of the BBSS in regard to future program planning.

NAMRU-6 is also working with the HAF to facilitate military participation in the Field Epidemiology Training Program to be held in Guatemala and master's degree training in epidemiological research, which will be conducted in Peru.





## BACKGROUND

### Country Statistics

The estimated population of Jamaica is 2.8 million people, with an average life expectancy of 73 years. English is the official language of Jamaica, which has an estimated literacy rate of 88%, unevenly distributed between men and women. The GDP per capita is \$9,100. The Jamaican economy is heavily dependent on services, which now account for more than 60% of the GDP. The country continues to derive most of its foreign exchange from tourism, remittances, and bauxite/alumina. Jamaica's economy faces many challenges to growth, including high crime and corruption, large-scale unemployment and underemployment, and a high debt-to-GDP ratio. The high unemployment level exacerbates the crime problem, which includes gang violence that is fueled by the drug trade. As of 2012, the Jamaican government had begun to negotiate a new International Monetary Fund Stand-By Agreement to gain access to additional funds.



### HIV/AIDS Statistics

The HIV prevalence rate in the Jamaican general population is estimated at 1.8%, with approximately 30,000 PLHIV (UNAIDS website, February 2013). Jamaica continues to experience features of a generalized and concentrated epidemic and higher HIV prevalence identified among vulnerable populations, such as men having sex with men (31.8%), sex workers and informal entertainment workers (4.9%), inmates (3.3%), and crack/cocaine users (4.5%). Despite widespread scaling up of HIV testing, approximately 50% of HIV-infected persons remain unaware of their status, according to the UNGASS Country Report: Jamaica, 2010.



## Military Statistics

The Jamaica Defense Force (JDF) consists of approximately 3,000 personnel distributed among the Ground Forces, Coast Guard, Air Wings, and the national reserves. The percentage of the Jamaican GDP expended on a military purpose is 0.6%. A behavioral and serological surveillance survey was conducted within the JDF at the end of 2010. Analysis was completed and findings were presented to the JDF in 2011.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP staff has been working in conjunction with the US MLO in Kingston and the JDF on a military-specific prevention program. In 2009, Jamaica joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Bahamas, Trinidad and Tobago, Suriname, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. A second DoD regional program manager was hired in 2012 to coordinate activities across the militaries in the Caribbean region and is based at the US MLO in Kingston. This DHAPP Program Manager is responsible for coordination in Jamaica and Suriname. Two (2) partners are assisting the JDF in developing its HIV program: Charles Drew University of Medicine and Science (CDU) and PSI.

## OUTCOMES AND IMPACT

### Prevention and Health System Strengthening

PSI and CDU are supporting prevention efforts with the JDF in FY12. In 2012, the prevention activities reached 973 individuals with individual and/or small group-level interventions that meet PEPFAR standards. Trained peer educators conducted various BCC interventions that resulted in 135% of the set target. The military and implementing partners utilize tracking sheets to record and disaggregate data and method of delivery. Many behaviors were targeted during the sessions, including condom use, HIV, lubricant use, mutual fidelity, STIs, and stigma and discrimination.



In FY12, 652 individuals received HTC services and received their test results. The JDF increased its HTC activities throughout the reporting period as a result of scheduled medical check-ups and special events. HIV tests were conducted among enlisted and reserve adult soldiers, resulting in 163% achievement. The military is capable of effectively disaggregating age and sex variables due to the small size of the population and the tracking documentation used. The military provides care services and keeps records of test results and newly diagnosed individuals.



CDU conducted a behavioral and serological surveillance survey among the JDF during 2010. The survey was voluntarily done and participants could opt out of testing if they only wanted to complete the behavioral questionnaire. Analysis was completed and the JDF was briefed on the findings in April 2011. The results of the survey have guided some revisions to JDF prevention activities. One such example is the development of an automated and interactive posttest counseling session for JDF personnel. With limited human resources, the JDF wanted to ensure that posttest counseling was occurring.

In November 2011, DHAPP hosted a rapid HIV and STI training in Barbados for the benefit of military personnel who perform or will perform rapid HIV and STI screenings within the military setting. The goals of the training were to provide cross-disciplinary training on the clinical, epidemiological, and diagnostic aspects of HIV and STIs, with an emphasis on the implementation of point-of-care diagnostic tests. The JDF attended the training. In March 2012, DHAPP secured the expertise of the Caribbean Health Research Council to conduct a basic monitoring and evaluation training in Port of Spain, Trinidad, for militaries in the region. The JDF sent delegates to the training along with 6 other militaries. In total, 17 individuals were trained in FY12 rapid HIV and STI training, monitoring and evaluation, and peer education. Additionally, 2 members of the JDF attended IMilHAC in May 2012.



DHAPP sponsored 1 candidate of the JDF to participate in the Caribbean Health Leadership Institute (CHLI) program, which commenced in March 2012. CHLI is based at the University of the West Indies and offers an 11-month learning cycle. The aims of CHLI include the following: to take training in public health to a higher level; to add to the cadre of competent, confident, and committed leaders and managers in the health care sector; to improve the effectiveness of HIV programs and other health programs by enhancing the knowledge, skills, and attitudes of persons who are in influential positions in HIV programs in Caribbean countries and territories; to engender positive change in health systems that have a crucial bearing on the delivery of quality health care and prevention in relation to HIV/AIDS and other health issues; and to foster the attitude and practice of formal and informal life-long learning among leaders and managers.

### **Proposed Future Activities**

In FY13, PSI and CDU will continue to support the JDF program and to work with the JDF on prevention efforts. It is anticipated that the JDF will expand its care and treatment services as well as lab capacity. DHAPP will assist the JDF with these efforts. Additionally, several trainings are planned in advanced monitoring and evaluation and clinical services and the JDF will participate.



# Nicaragua



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## BACKGROUND

### Country Statistics

The estimated population of Nicaragua is 5.7 million people, with an average life expectancy of 72 years. Spanish is the official language of Nicaragua, which has an estimated literacy rate of 67.5%, evenly distributed between men and women. The poorest country in Central America, Nicaragua has widespread underemployment and poverty. The country relies on international economic assistance to meet fiscal and debt financing obligations. Textiles and apparel account for nearly 60% of Nicaragua's exports. The economy in Nicaragua has gradually been recovering since the global economic crisis and grew at a rate of approximately 4% in 2012. The country succeeded in reducing its high public debt burden in 2011, although it still remains an issue. The GDP per capita is \$3,300.



### HIV/AIDS Statistics

The HIV prevalence rate in the general population of Nicaragua is estimated at 0.2%, with approximately 7,600 people living with HIV/AIDS (UNAIDS website, February 2013). Men who have sex with men account for the largest share of infections in Latin America, although there is a notable burden of infection among injection drug users, sex workers, and their clients. There are limited data on modes of transmission in Nicaragua. However, some data exist, such as men who have sex with men are 38 times more likely than the general population to be infected.



According to the UNAIDS *AIDS Epidemic Update 2010*, the latest epidemiological data suggest that the epidemic in Latin America remains stable. With a regional HIV prevalence of 0.6%, Latin America is primarily home to low level and concentrated epidemics.

### **Military Statistics**

The National Army of Nicaragua (NAN) is estimated at approximately 12,000 active-duty members. Eighty percent (80%) of the NAN population is 18–35 years of age, approximately 99% of whom are male. Nicaragua expends 0.6% of the GDP on the military. Military HIV prevalence rates are unknown.

### **PROGRAM RESPONSE**

#### **In-Country Ongoing Assistance**

The US MLO and DHAPP began collaborating with the NAN on its HIV program in FY09. Also in 2009, Nicaragua joined the other Central American militaries of Belize, El Salvador, Guatemala, and Honduras in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Guatemala. In January 2010, the NicaSalud Network Federation became an implementing partner for the NAN and continues its work today.

### **OUTCOMES & IMPACT**

#### **Prevention**

In FY12, NicaSalud Network Federation and the NAN reached 1,797 military personnel with small group-level preventive interventions across 23 units that are based on evidence and/or meet the minimum standards required. In addition, 2,007 individuals were counseled and tested for HIV and received their results in FY12. During the reporting period, 71 health care workers successfully completed an in-service training program in one of these four areas: behavior change interventions, HTC, project management, and policy.

NAMRU-6 staff are supporting Nicaragua through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of laboratory personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. One (1) member of the NAN participated in the first PROMELA didactic and bench training course held in September–October 2012 in Lima, Peru.

NAMRU-6 staff conducted a baseline assessment to assess the architecture and functionality of the Nicaraguan military information systems as part of the PEPFAR-funded HIV/AIDS program management and disease surveillance plan.

Two (2) representatives from the NAN and the DHAPP Program Manager



attended IMilHAC in May 2012.

### Proposed Future Activities

In FY13, NicaSalud will continue to work with the NAN to strengthen its prevention, HTC services, and surveillance activities. NAMRU-6 staff will continue to support activities related to improving the technical proficiency of laboratory personnel in HIV rapid testing, and quality evaluation and assurance measures. They will also train military health providers in the screening, diagnosis, and treatment of STIs and OIs.



Johns Hopkins University was awarded a grant in FY12 and will be providing support to countries in the region, including Nicaragua, to develop and implement systems for disease surveillance and program monitoring in collaboration with DHAPP and NAMRU-6. These systems will be deployed in host country militaries and supported by training and computer system development.

NAMRU-6 is also working with the NAN to facilitate military participation in the Field Epidemiology Training Program to be held in Guatemala and master's degree training in epidemiological research, which will be conducted in Peru.





# Peru

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## BACKGROUND

### Country Statistics

The estimated population of Peru is 29.5 million people, with an average life expectancy of 73 years. Spanish and Quechua are the official languages of Peru, which has an estimated literacy rate of 93%, unevenly distributed between men and women. Since 2002, the Peruvian economy has been growing at an average rate of approximately 6.4% per year, with a stable or slightly appreciating exchange rate and low inflation. Private investment accounts for over 60% of total exports, and growth in the extractive sector has led to economic growth of between 6 and 9% over the last 3 years. Dependence on minerals and metals exports and imported foodstuffs leaves the economy vulnerable to fluctuations in world prices, and poor infrastructure has hindered the spread of growth to Peru's noncoastal areas. The national poverty rate has been reduced by about 23% since 2002 and the GDP per capita is \$10,700, with an unemployment rate of 7.7%. The US-Peru Trade Promotion Agreement entered into force in February 2009, paving the way to greater trade and investment between the two economies. Peru also signed trade agreements with South Korea, Japan, and Mexico in 2011.



### HIV/AIDS Statistics

The HIV prevalence rate in the Peruvian general population is approximately 0.4%, with an estimated 74,000 Peruvians living with HIV/AIDS (UNAIDS website, February 2013). New information about epidemiological trends in the region, including the first-ever mode-of- transmission analysis for Peru and



other key populations in Latin America, have been generated over the past 2 years. A modes-of-transmission analysis completed in 2009 determined that men who have sex with men account for 55% of HIV incidence in Peru. In Peru, the female sexual partners of men who have sex with men account for an estimated 6% of HIV incidence. In Peru, the number of male AIDS cases reported in 2008 was nearly three times higher than the number among female cases, although this 3:1 differential represents a considerable decline from 1990, when the male:female ratio of AIDS cases approached 12:1.



### **Military Statistics**

The Peruvian Armed Forces (PAF) consists of an army, air force, and navy (including naval air, naval infantry, and Coast Guard). There are approximately 115,000 personnel in active service. Mandatory conscription ended in 1999, and the current force is composed of volunteers. Approximately 1.5% of the GDP is spent on military expenditures. Peru participates in several UN-sponsored PKOs.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

DHAPP staff are collaborating with NAMRU-6 and the PAF. Program activities began in 2009.

### **OUTCOMES & IMPACT**


NAMRU-6 staff are supporting the PAF through a regional program for the improvement of military laboratories in Latin America (PROMELA) to improve the technical proficiency of laboratory personnel in HIV, other STI, and TB diagnostics, and overall lab quality improvement efforts. Eighteen (18) individuals, including 5 active military medical professionals, from Peru participated in the first PROMELA didactic and bench training course held in September–October 2012 in Lima, Peru. Two (2) representatives of the PAF and 3 representatives from NAMRU-6 attended IMilHAC in May 2012.



### **Proposed Future Activities**

NAMRU-6 staff will continue to support the PAF in collaboration with COPRECOS-Peru to provide training and assistance in the development and strengthening of information systems, in addition to supporting a lab assessment and lab strengthening activities.





# Saint Kitts and Nevis



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## BACKGROUND

### Country Statistics

Saint Kitts and Nevis are islands in the Caribbean Sea. The estimated population is 50,726 people, with an average life expectancy of 75 years. English is the official language, and the literacy rate is 98%. Revenues from tourism replaced sugar as the mainstay of the economy in the 1970s. Reduced tourism and foreign investment led to an economic contraction in 2009–12, and the economy has yet to return to growth. The current government has one of the world’s highest public debt burdens, equivalent to approximately 140% of the GDP. The GDP per capita in Saint Kitts and Nevis is \$15,500.

### HIV/AIDS Statistics

The main mode of transmission is thought to be unprotected sex, especially among groups of people who have concurrent sexual partnerships. In 2004, a seroprevalence study was conducted among prisoners and the prevalence was found to be 2.4%. Since the extent of the HIV epidemic in Saint Kitts and Nevis is unknown but is believed to be a concentrated epidemic and greatly affects men more than women (UNGASS Country Progress Report: Saint Kitts and Nevis, 2010). UNAIDS estimates HIV prevalence to be between 0.9–1.1% (UNGASS Country Progress Report, 2012).



### Military Statistics

The Saint Kitts and Nevis Defense Force (SKNDF) consists of approximately 300 personnel, according to DHAPP staff. The SKNDF includes the Coast Guard and is the primary defense institution for the nation. SKNDF personnel are distributed across 2 primary bases on Saint Kitts, which include the force



headquarters base in Basettere and the Coast Guard base located on the harbor.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP has been collaborating with the US MLO in Bridgetown, Barbados, and the SKNDF on building its HIV/AIDS program. In 2009, Saint Kitts and Nevis joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Bahamas, Belize, Jamaica, Suriname, and Trinidad and Tobago in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. In 2010, PSI became an implementing partner in Saint Kitts and Nevis and continued as such through 2012.

## OUTCOMES & IMPACT

### Prevention

PSI began working with the SKNDF in 2010 and continued their efforts in 2012. PSI implemented HIV/AIDS BCC outreach and educational activities, developed targeted interpersonal communication materials, conducted training and support of master and peer educators, developed targeted condom outlets, and marketed and promoted condom use and testing services. The program focused on increasing perceived perception of personal risk, thereby creating demand for condoms and HTC services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing HTC services; and reducing stigma and discrimination. SKNDF peer educators reached 205 individuals with small group-level interventions that met the minimum standards required by PEPFAR. The methodologies used to reach individuals were small group sessions, face-to-face interventions, and satellite



table sessions. Trained peer educators implemented BCC interventions, improved activity reporting, and reported a 342% achievement. Militaries and implementing partners utilize tracking sheets to record and disaggregate data and method of delivery. A set of posters was specifically designed for the SKNDF and all posters were pre-tested with military personnel. The educators target uniformed personnel during their outreach activities, and they also reach nonuniformed personnel during special event interventions.

In November 2011, DHAPP hosted a rapid HIV and STI training in Barbados for the benefit of military personnel who perform or will perform rapid HIV and STI screenings within the military setting. The goals of the training were to provide cross-disciplinary training on the clinical, epidemiological, and diagnostic aspects of HIV and STIs, with an emphasis on the implementation of point-of-care diagnostic tests. The SKNDF attended the training. In March



2012, DHAPP secured the expertise of the Caribbean Health Research Council to conduct a basic monitoring and evaluation training in Port of Spain, Trinidad, for militaries in the region. The SKNDF sent delegates to the training along with 6 other militaries. In total, 14 individuals were trained in FY12 rapid HIV and STI training, monitoring and evaluation, and peer education that yielded a 100% achievement. Additionally, 2 members of the SKNDF attended IMilHAC in Mozambique in May 2012.

### Proposed Future Activities

PSI will support the program for the SKNDF in FY13 and will continue to work with the SKNDF on prevention efforts. Trainings are planned in advanced monitoring and evaluation and the SKNDF will participate.





# Suriname



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## BACKGROUND

### Country Statistics

The estimated population of Suriname is 560,000 people, with an average life expectancy of 71 years. Dutch is the official language of Suriname, which has an estimated literacy rate of 90%, somewhat unevenly distributed between men and women. The GDP per capita is \$12,300, with an unemployment rate of 9%. The economy is dominated by the mining industry, with exports of alumina, gold, and oil accounting for about 85% of exports and 25% of government revenues, making the economy highly vulnerable to the volatility of mineral



prices. Although economic growth slowed in 2009 due to decreased global commodity prices, trade subsequently picked up, boosting Suriname's economic growth to 4% per year from 2010–12. However, inflation also increased during this time period to a high of 17.7% in 2011, receding to 6% in 2012. The country's economic prospects depend on maintaining responsible fiscal policies, and introducing structural reforms to liberalize markets and promote competition.

### HIV/AIDS Statistics

The HIV prevalence rate in the Suriname general population is estimated at 1.0%, and there are an estimated 3,400 PLHIV (UNAIDS website, February 2013). Relatively little is known about the factors that influence the spread of HIV/AIDS in Suriname.

### Military Statistics

The Suriname Defense Organization (SDO) consists of approximately 2,000 active-duty members, with an air force, navy, and military police, the majority



of whom are deployed as light infantry (army) security forces, primarily tasked with the defense of the nation's borders and providing support to civil authorities as directed. Suriname expends 0.6% of the GDP on military expenditures. No estimates of SDO HIV prevalence rates are available.

## PROGRAM RESPONSE

### In-Country Ongoing Assistance

DHAPP has been collaborating with the US MLO in Paramaribo and the SDO. In 2009, Suriname joined the other Caribbean militaries of Antigua and Barbuda, Barbados, Belize, Bahamas, Jamaica, Trinidad and Tobago, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework, for which the regional interagency PEPFAR coordinator and team sit in Barbados. A second DHAPP regional program manager was hired in 2012 to coordinate activities across the militaries in the Caribbean region, and is based at the US MLO in Kingston. This DHAPP program manager is responsible for coordination in Jamaica and Suriname. PSI serves as the implementing partner with the SDO.

## OUTCOMES & IMPACT

### Prevention and Health System Strengthening

In FY12, PSI reached 1,315 military members and their families through prevention activities. Leadership has increased support of HIV activities that resulted in trained peer educators conducting an increased the number of BCC interventions and expanding their reach to various bases through partnership with various medical teams within the military. The program overachieved 299% of the set target. To achieve the goals and objectives of this program, PSI implemented HIV/AIDS outreach and educational activities, developed targeted interpersonal communication materials, conducted training and supported peer educators, developed targeted condom outlets, and marketed and promoted condom use and existing testing services. The program focuses on increasing perception of personal risk, thereby creating demand for condoms and HTC services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing HTC services; and reducing stigma and discrimination. PSI works with members of the SDO, including troop-level soldiers, military cadets, military officials, and partners of military personnel. Since 2011, PSI established a full-time staff member who has been working closely with the SDO and has provided support in several technical areas.



In July 2012, the Military Hospital in Paramaribo held its annual mobile vaccination exercise. Staff administered tetanus and hepatitis B vaccinations in selected military bases, which included several bases in the interior areas of the country. This exercise was viewed as a great opportunity for collaboration between the military hospital team, who executed the vaccination exercise, and the HIV prevention educators within the SDO.



This collaboration was the first of its kind and came at a time when PSI was planning to extend BCC interventions to the military bases in the interior. The vaccination and prevention teams worked alongside each other for a week conducting various BCC interventions with members of the military and their families.

PSI worked closely with the SDO in 2012 to conduct a workshop that focused on capacity building and strategic planning. The SDO completed its strategic plan for 2012–2014. In January 2012, a Memorandum of Understanding was signed between PSI and the Suriname Peace Corps. This 6 months' agreement provided PSI with a Peace Corps volunteer who provided support to this program.

In November 2011, DHAPP hosted a rapid HIV and STI training in Barbados for the benefit of military personnel who perform or will perform rapid HIV and STI screenings within the military setting. The goals of the training were to provide cross-disciplinary training on the clinical, epidemiological, and diagnostic aspects of HIV and STIs, with an emphasis on the implementation of point-of-care diagnostic tests. The SDO attended the training. In March 2012, DHAPP secured the expertise of the Caribbean Health Research Council to conduct a basic monitoring and evaluation training in Port of Spain, Trinidad, for militaries in the region. The SDO sent delegates to the training along with 6 other militaries. In total, 28 individuals were trained in FY12 rapid HIV and STI training, monitoring and evaluation, and peer education. Capacity building in rapid HIV and STI training, monitoring and evaluation, and peer education were provided and yielded a 108% achievement. Additionally, 2 members of the SDO attended IMilHAC in May 2012.

An abstract for an oral presentation was submitted by PSI and the SDO to the organizing committee of the HIV Caribbean Regional Conference held in Nassau, Bahamas, in November 2011. It was accepted for oral presentation and the PSI program manager in Suriname along with 1 SDO member presented the abstract on the HIV prevention condom social marketing program with the SDO.




DHAPP and PSI has assisted the SDO with the development of an HIV/AIDS policy. The HIV/AIDS policy was discussed with key stakeholders and was formally approved in early 2012. It will be officially launched in 2013 and presented to the MOH.


### **Proposed Future Activities**

PSI will continue to support the program for the SDO in FY13 and will continue to work with them on prevention efforts. In 2013, the PSI grant will be modified to expand the activities to incorporate civilian activities.





# Trinidad and Tobago



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## BACKGROUND

### Country Statistics

The estimated population of Trinidad and Tobago is 1.2 million people, with an average life expectancy of 72 years. English is the official language of Trinidad and Tobago, which has an estimated literacy rate of 99%, with even distribution between men and women. Trinidad and Tobago has one of the highest growth rates and per capita incomes in Latin America, and has earned a reputation as being an excellent international investment site. Economic growth between 2000 and 2007 averaged slightly over 8%, much higher than the regional average of about 3.7% for that same period; however, GDP has slowed since then, and contracted during 2009–11 due to depressed natural gas process and changing markets. The GDP per capita is \$20,400. Growth has been fueled by investments in natural gas, petrochemicals, and steel, and the country is the leading producer of oil and gas in the Caribbean. Oil and gas account for about 40% of the GDP and 80% of exports, but only 5% of employment. The country is also a regional financial center, and tourism is a growing sector, although it is not as important as in many other Caribbean islands.



### HIV/AIDS Statistics

The HIV prevalence rate in the general population is estimated at 1.5%, with about 13,000 PLHIV (UNAIDS website, February 2013). Currently, the Caribbean region has the second highest prevalence of HIV/AIDS in the world. Cultural beliefs, a diverse and migratory population, sex workers, tourism, and other concerns have fostered a climate that contributes to the increasing rate of infection. A 2006 study in Trinidad and Tobago found that 20.4% of men who have sex with men surveyed were HIV infected. As in several Caribbean



countries, the HIV prevalence among prisoners (4.9%) is higher than in the general population (1.5%).

The National HIV and AIDS Strategic Plan identifies the most-at-risk groups as women, youth, children, prisoners, migrants, sex workers, men who have sex with men, and low income earners and their dependents. The limited data available indicate that the high HIV prevalence in some of these groups may indicate a generalized and concentrated epidemic pattern (UNGASS Country Report: Trinidad and Tobago, 2010).

### **Military Statistics**

The Trinidad and Tobago Defense Force (TTDF) consists of approximately 4,000 personnel. Trinidad and Tobago allocates 0.3% of the GDP for military expenditures. In 2011, the TTDF and USMHRP initiated a biobehavioral surveillance study among the TTDF; the study has not been completed to date.

## **PROGRAM RESPONSE**

### **In-Country Ongoing Assistance**

DHAPP has been collaborating with the US MLO in Port of Spain, USMHRP, and the TTDF on building its HIV/AIDS program. In 2009, Trinidad and Tobago joined the other Caribbean militaries of Barbados, Bahamas, Belize, Jamaica, Suriname, and Saint Kitts and Nevis in the development of a PEPFAR Partnership Framework whose regional interagency PEPFAR coordinator and team sit in Barbados. A DoD regional program manager was hired in 2009 and works for the US MLO in Bridgetown and coordinates activities across the militaries in the Caribbean region. In 2009, PSI became an implementing partner in Trinidad and Tobago and continued its efforts in 2012.

## **OUTCOMES & IMPACT**

### **Prevention and Health System Strengthening**

In 2012, PSI and the TTDF worked together and implemented HIV/AIDS BCC outreach and educational activities, developed targeted interpersonal communication materials, conducted training and support of master and peer educators, developed targeted condom outlets, and marketed and promoted condom use and testing services. The program focused on increasing perceived perception of personal risk, thereby creating demand for condoms and HTC services; increasing self-efficacy for correct and consistent condom use; encouraging individuals to know their status by accessing HTC services; and reducing stigma and discrimination. Through the efforts of the peer educators, 3,768 individuals were reached with individual and/or small group-level interventions that meet PEPFAR standards. The methodologies used to reach individuals were small group sessions, face-to-face interventions, and satellite table sessions. The peer





educators target uniformed personnel during their outreach activities, and they also reached nonuniformed personnel during special events activities that may include prisoners.

In November 2011, DHAPP hosted a rapid HIV and STI training in Barbados for the benefit of military personnel who perform or will perform rapid HIV and STI screenings within the military setting. The goals of the training were to provide cross-disciplinary training on the clinical, epidemiological, and diagnostic aspects of HIV and STIs, with an emphasis on the implementation of point-of-care diagnostic tests. The TTDF attended the training. In March 2012, DHAPP secured the expertise of the Caribbean Health Research Council to conduct a basic monitoring and evaluation training in Port of Spain, Trinidad, for militaries in the region. The TTDF sent delegates to the training along with 6 other militaries. In total, 35 individuals were trained in FY12 rapid HIV and STI training, monitoring and evaluation, and peer education that yielded an 81% achievement. Additionally, 2 members of the TTDF attended IMilHAC in May 2012.

DHAPP sponsored 1 TTDF candidate to participate in the Caribbean Health Leadership Institute (CHLI) program, which commenced in March 2012. CHLI is based at the University of the West Indies and offers an 11-month learning cycle. The aims of CHLI include the following: take training in public health to a higher level; add to the cadre of competent, confident and committed leaders and managers in the health care sector; improve the effectiveness of HIV programs and other health programs by enhancing the knowledge, skills, and attitudes of persons who are in influential positions in HIV programs in Caribbean countries and territories; engender positive change in health systems that have a crucial bearing on the delivery of quality health care and prevention in relation to HIV/AIDS and other health issues; and foster the attitude and practice of formal and informal life-long learning among leaders and managers.

### Proposed Future Activities

In 2013, PSI will continue to support the TTDF program in its prevention efforts. Trainings are planned in advanced monitoring and evaluation and the TTDF will participate. The TTDF will also launch its mobile health unit, which will offer HTC services.







## Appendix A: Acknowledgments

The Department of Defense HIV/AIDS Prevention Program would like to express thanks to all of our partners worldwide, who worked as a team to make FY12 a resounding success. These talented and dedicated individuals include our colleagues in international militaries, US Ambassadors to our country partners and US Embassy staff members there, as well as partners at DoD, OGAC, CDC, USAID, Peace Corps, Department of Labor, Department of Health and Human Services, universities, and NGOs. Together with DHAPP staff in San Diego, our collaborators around the world continue to win battles in the war against HIV/AIDS in military personnel.



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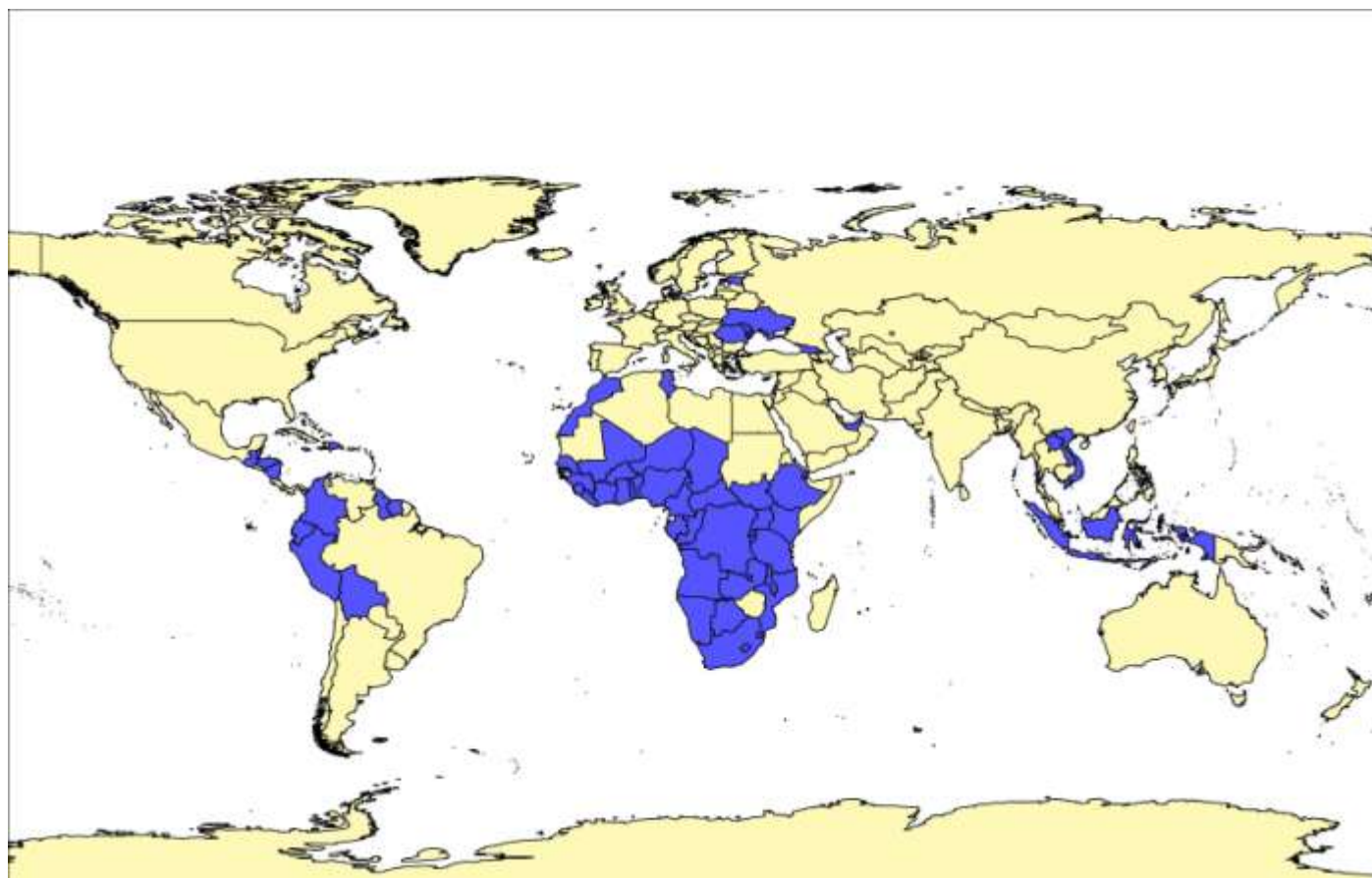
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## Appendix C: Global Map of DHAPP Country Programs







# Appendix D: DHAPP Country Programs by Funding Source

*Funding for DHAPP is provided by a congressional plus-up to the Defense Health Program (DHP), as well as funding transfer from the US Department of State from the President's Emergency Plan for AIDS Relief (PEPFAR). DHAPP country programs can only receive funding from one source.*

## US Africa Command

|                                        |        |                       |        |
|----------------------------------------|--------|-----------------------|--------|
| Angola                                 | PEPFAR | Mozambique            | PEPFAR |
| Benin                                  | DHP    | Namibia               | PEPFAR |
| Botswana                               | PEPFAR | Niger                 | DHP    |
| Burkina Faso                           | DHP    | Nigeria               | PEPFAR |
| Burundi                                | PEPFAR | Republic of the Congo | DHP    |
| Cameroon                               | PEPFAR | Rwanda                | PEPFAR |
| Central African Republic               | DHP    | Sao Tomé and Príncipe | DHP    |
| Chad                                   | DHP    | Senegal               | PEPFAR |
| <b>Côte d'Ivoire</b>                   | PEPFAR | Sierra Leone          | DHP    |
| Democratic Republic of the Congo (DRC) | PEPFAR | South Africa          | PEPFAR |
| Djibouti                               | PEPFAR | South Sudan           | PEPFAR |
| Ethiopia                               | PEPFAR | Swaziland             | PEPFAR |
| Gabon                                  | DHP    | Tanzania              | PEPFAR |
| Gambia, The                            | DHP    | Togo                  | DHP    |
| Ghana                                  | PEPFAR | Tunisia               | DHP    |
| Guinea                                 | DHP    | Uganda                | PEPFAR |
| Kenya                                  | PEPFAR | Union of Comoros      | DHP    |
| Lesotho                                | PEPFAR | Zambia                | PEPFAR |
| Liberia                                | PEPFAR |                       |        |
| Malawi                                 | PEPFAR |                       |        |
| Mali                                   | DHP    |                       |        |
| Morocco                                | DHP    |                       |        |



## US European Command

|         |     |         |        |
|---------|-----|---------|--------|
| Estonia | DHP | Romania | DHP    |
| Georgia | DHP | Serbia  | DHP    |
| Moldova | DHP | Ukraine | PEPFAR |

## US Pacific Command

|           |        |             |        |
|-----------|--------|-------------|--------|
| Indonesia | PEPFAR | Timor-Leste | DHP    |
| Laos      | DHP    | Vietnam     | PEPFAR |

## US Southern Command

|                     |        |                     |        |
|---------------------|--------|---------------------|--------|
| Antigua and Barbuda | PEPFAR | Guatemala           | PEPFAR |
| Bahamas, The        | PEPFAR | Guyana              | PEPFAR |
| Barbados            | PEPFAR | Honduras            | PEPFAR |
| Belize              | PEPFAR | Jamaica             | PEPFAR |
| Bolivia             | DHP    | Nicaragua           | PEPFAR |
| Colombia            | DHP    | Peru                | DHP    |
| Dominican Republic  | PEPFAR | St. Kitts and Nevis | PEPFAR |
| Ecuador             | DHP    | Suriname            | PEPFAR |
| El Salvador         | PEPFAR | Trinidad and Tobago | PEPFAR |



## REPORT DOCUMENTATION PAGE

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| <b>13. SUPPLEMENTARY NOTES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            |                                             |                                           |                                                                                                                                                                                                                             |                                                                                |
| <b>14. ABSTRACT</b><br><br>Through PEPFAR and DoD resources, the US Department of Defense provides the world's largest source of HIV assistance to militaries and works with a worldwide cadre of military HIV experts to combat the harm that HIV inflicts on the health and readiness of the world's military populations. Encouraging sustainability through the development of local capacity and expansion of facilities remains an important priority for DHAPP. Additionally, the activities in this report are dedicated to supporting the US Global Health Initiative and the DoD has become a key partner in the US Government interagency effort to implement GHI principles. This report highlights very successful strengthening of health care systems in foreign militaries through out the world. |                            |                                             |                                           |                                                                                                                                                                                                                             |                                                                                |
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